

# THE ALKALOIDAL CLINIC

Vol. 5.

APRIL, 1898.

No. 4.

A Monthly Journal Devoted to Accuracy in Therapeutics, with practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

DR. W. C. ABBOTT; DR. W. F. WAUGH.

ADDRESS

THE ALKALOIDAL CLINIC,  
Ravenswood P. O., CHICAGO.

#### SUBSCRIPTION PRICE:

United States and Canada, \$1.00 per year in advance.  
Single Copies, 10 cents.

Four years for \$3.00 cash in advance.

Foreign (Postal Union) 50 per cent additional.

Chicago subscribers must add 25 cents for carrier postage.

Our advertising rates, accompanied by photographic reproductions of Post Office receipts will be sent on application.

**ARTICLES** on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

**QUESTIONS** of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

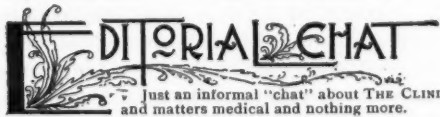
**OUR AIM** is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE.

Entered at the Chicago Post Office as second-class matter.

#### IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about THE CLINIC and matters medical and nothing more.

#### ARE YOU GOING WITH US TO DENVER?

We have received enough applications for places in the Alkaloidal car from Chicago to Denver, for the June meeting of the American Medical Association, to make it probable that the plan will succeed. It is early yet for a busy doctor (and all alka-

lometrists are busy) to decide whether he can get away. But the places will be secured in the order in which they are bespoken; and as the order may be withdrawn any time before the final arrangements are made with the railway (about May 25), we wish those who contemplate joining the party would inform us as soon as convenient.

#### INTERNAL ANTISEPSIS.

Bouchard brought this subject prominently forward in his invaluable work upon auto-toxemia, a book that no up-to-date physician can afford to be without. Fermentation, the action of micro-organisms in the alimentary canal, produces various toxic agents, whose appearance in the blood gives rise to various morbid phenomena. The excretory organs are especially affected by these agents, and if excretion be interfered with the symptoms are aggravated. But the most important effects are produced upon the nervous system, which is particularly intolerant of morbid principles in the circulation. No small portion of the symptomatology of every febrile disease and of many other affections is directly attributable to this form of auto-toxemia.

For some years the periodical medical literature has teemed with articles based on this principle, more especially in Europe where new ideas first become current. Of late, the importance of clearing out the bowels before attempting to render them antiseptic, seems to be attracting attention. Dominici gave a patient about half an ounce each of the sulphates of soda and magnesia, and found that the stools during the following twenty-four hours contained about four hundred and eleven billions of

microbes. In the next twenty-four hours the discharges furnished only about half a billion.

We have been preaching this doctrine for many years. The Saline Laxative and the Anticonstipation granules are the result of our efforts in this direction; and that their uses are appreciated by our readers, we need no more evidence than the enormous demand for these preparations. The granules, in their original form or variously modified (generally to their detriment), are now listed by every pill manufacturer in the United States. Our readers who study the replies to correspondents in the CLINIC will note that in nearly every case our advice commences with the admonition to first empty the bowels.

But the next suggestion always follows, to render them antiseptic. The best way of treating the fermenting masses, swarming with micro-organisms, reeking with poisonous products, is to sweep them bodily out and away from the organism. But then is the time to follow up the work with antiseptics. Every gardener knows the importance of scalding out his pots before repotting plants, even when the earth is not sour or full of worms. So we purify the alimentary canal by our sulphocarbolates, the most effectual of all agents employed for this purpose.

Another form of internal antiseptics is but just beginning to be comprehended. Back in the eighties, Declat, a French physician, recommended the hypodermic use of nascent carbolic acid as a remedy for various septic processes. The Declat preparations were feebly advertised and failed to make much impression, and the promoting company retired from the field, leaving a stock in the hands of an obscure New York drug house to supply the meager demand. The public was not ready for the idea then. But after Koch had exploded his torpedo under the medical profession, scattering their old ideas more widely than the fragments of the Maine, after the ideas

of Bouchard had permeated medical thought, and the employment of animal extracts had been revived and popularized, Edson took up Declat's forgotten remedy, and presented it in the form of Aseptolin. Some business ability was displayed this time, and judging by the numbers upon recent bottles, the venture has not been wholly devoid of profit. It has been claimed, we know not with which degree of truth, that Antitoxin really depends upon carbolic acid for its efficacy. Be this as it may, the commercial fog should be dissipated, and the question as to the efficacy of carbolic acid, hypodermically administered, as an internal antiseptic, should be squarely submitted to the ultimate test of unlimited clinical trial. Whether it will live or die will depend not on judicious puffing, but upon its real merits. The doctors are not fools in their professional work; and if there is no real merit in an article, no amount of printer's ink will win for it more than a temporary popularity. Where, oh where is that most bebuffed of all articles that ever were recommended in the treatment of disease, tuberculin?

The use of the nucleins is another form of internal antiseptics, although a totally different principle is involved. There is neither destruction of germs by chemical agents, nor neutralizing toxins by chemical antidotes, but reinforcing the forces of the body by which nature combats intrusive micro-organisms. Should this principle be established by that same remorseless judge, the clinical trials of the whole medical profession, it will not be an improvement in therapeutics but a revolution. This test is now being made mainly through the instrumentality of the great CLINIC family; and in them is vested the duty and privilege of deciding it. Let us be keenly critical; let us use every known means of securing diagnosis beyond question, and of estimating, not optimistically, not pessimistically, but judicially, at its exact value, the effects obtained from the use of nuclein. It

is far more important for us all to know the truth than it is to simply create a market. To obtain certainty in such matters the CLINIC laboratory has been instituted, so that we can give all our readers the means of securing accuracy in diagnosis, and in estimating results by something more definite than guessing.

#### TAIT AND THOMAS.

Lawson Tait has come out of the hole in which he has been hibernating, and in a circular letter pitches into T. Gaillard Thomas with all Tait's old-time vehemence. In the absence of the report which Tait criticises, we do not care to comment upon the question at issue, which is that of the comparative mortality in English and American hospitals. Mr. Tait makes out a strong showing for the Birmingham institution, so long the theater of his triumphs; but even granting the claim that its statistics cannot be "cooked," so much difference exists in the character of the cases on which operations are performed that the statistics of operation are absolutely valueless. Too often the brilliant results claimed by the surgeon are simply evidences of his skill in avoiding all cases that are at all likely to die; while the humane surgeon, who gives every poor wretch a chance for his life, suffers correspondingly in his reputation as a successful operator.

*The Sanitary Inspector* is a little journal of hygienic proclivities, published monthly at Augusta, Maine, and edited very well by the Secretary of the Maine State Board of Health. In the notes on leprosy we see that the trend of opinion is strongly towards the contagiousness of the malady, which will please Father Epstein as it confirms the views held by Moses. Schaeffer says that a leper gives off 150,000 bacilli hourly. Cover glasses held in the breath current were covered with bacilli, and these extended over a yard and a half from the leper.

#### CHRISTIAN SCIENCE.

The reproach has been cast upon Americans that in their eager pursuit of wealth they have forgotten how to enjoy it. In truth it seems as if the lives of too many of our fellow-citizens are "stale, flat and unprofitable," because they never stop to reflect that while they are piling up riches the only object that gives money its value is passing away. Life and its enjoyment are all that redeem the pursuit of wealth from absolute idiocy.

These reflections are certainly not new, but they now and then come upon one with a peculiar freshness, a vividness that gives them a new birth, as it were. The writer has just returned from a trip through that rich and happy state known as Michigan, or Pingreedom. This section in March is not very picturesque, the scenery consisting mainly of snow and stumps, diversified occasionally by more stumps. But at our journey's end we look out upon the dancing waters of Traverse Bay, sparkling and bright in the sunlight. With the wooded shores of the old Mission ruins, and the numerous points for refuge in case of bad weather, we see that this was designed by its Creator to breed a race of sailors.

The people, however, prefer trotting horses. Not a boat is to be seen on the bay.

We wish a few missionaries from Naragansett would come out here and civilize these benighted Michiganders. They are such nice folks to begin with, if they only showed a due appreciation of their advantages, only knew of the pleasure of that most delightful of sports, sailing a boat.

But what has all this to do with medicine, especially alkalometry? Much, very much. The wise doctor is physician to body and soul. He alone fully appreciates the importance of the *mens sana in corpore sano*. He knows how much it freshens the toil-worn brain to turn from the ledger to the play-ground.

Don't look so serious, my good friend. Unbend a little. Quit your eternal *materia medica* for a bit and try God's own remedies—pure air, the sunshine glinting over the dancing waters, exercise that is not work, and happiness. They are better blood-makers than *ferri et al.*, better tonics than *strych. arsen. et quin. hypophos., ol. morrhuae cum creosot., vel vin. Xeric.* They create a finer appetite than does Orexin, digest more than Caroid, induce sounder sleep than Somnal; yea, they stay even the march of time and turn backwards the wheels of his cyclometer.

Now, some worthy brother will rise up and say: "That's all very well for those to whom it applies, but there are duties one cannot neglect to go philandering about in a sail-boat." To this we reply simply—Bosh! The suppositious duties are in nine cases out of ten no duties at all, but simply the excuses of men who have lived in a rut so long that they don't like to exert themselves to get out of it. Why, some of these men who live a tread-mill life "for their children's sake," would scarcely recognize those children if they met them away from home; and let the youngsters grow up without fatherly guidance in order that they may leave them money enough to ruin the children forever.

A man's first duty is to himself; and a little reasoning will show that this apparently selfish sentiment is really the purest altruism. It is very nice for the carver to cut out the titbits to put on his children's plates, but is that the way to teach them to be unselfish? Surely not; so give the boy the drumstick and deposit the liver on your own plate. One of the finest families of boys we've ever known were the sons of a drupkard who lived and got drunk on the proceeds of their labor. Our children bring us the knotty problems in algebra, or the delirious patches in their Greek (*vide Alcestitis*), but if we are busy they puzzle them out for themselves while waiting. And is not that best?

Which is best, to coddle up a boy and screen him from every trouble, or train him to meet it like a man?

#### ALCOHOL IN MEDICAL PRACTICE.

Dr. Crothers claims that even for men who have been in the habit of using alcoholic drinks continuously, they should not be administered during illness. He bases his objection upon the fact that alcohol is not any more a stimulant to such men, in such conditions, than it is under ordinary circumstances.

But Dr. Crothers assumes here that alcohol is only given as a stimulant in such cases, which is not the case. It is well known that when men partake of any poison regularly, the system becomes habituated to that particular toxic substance, so that it may be taken in continually increasing doses, without producing the deleterious effects certain to follow the ingestion of such doses by persons unaccustomed to the use of that drug. And it is equally well known that the sudden discontinuance of such a habit-drug produces in the habitue certain symptoms of disturbance by which his life may be seriously endangered.

We do not need to inform Dr. Crothers that to abruptly discontinue the use of morphine by a habitue may cost him his life. Does Dr. Crothers therefore claim that morphine is wholesome? Less serious results follow the abrupt withdrawal of cocaine, but still they follow. Can any one truthfully say that if a man has been addicted to the daily use of alcohol for many years, its abrupt stoppage will cause him no disturbance whatever? And this disturbance is not the reaction following the withdrawal of a depressant. By no means; there is a profound sense of debility; the mental and bodily functions are badly performed; the stomach, long accustomed to the stimulation of alcohol, fails to do its duty when this is withdrawn; the circulation is sluggish, the whole body



relaxed and nerveless. The liver grows torpid and auto-toxemia is the certain consequence.

Now, our contention is that as such symptoms appear in health, it is not wise to compel a man who is down with a pneumonia or a typhoid fever, and requires his whole strength to battle for his life with such a malady, to endure at the same time the distress and danger of a total, abrupt withdrawal of his accustomed stimulant. Much less than this will weigh down the scale and send the patient to his grave.

We are as heartily opposed to the use of alcohol as is Dr. Crothers or Dr. Davis. We do not approve or sanction its use in health, and scarcely ever employ it in sickness. But we draw the line at forbidding its use to habitues when seriously ill, and believe that total abstinence should be postponed until recovery. No good and just cause is helped by intolerance; and when one's enthusiasm runs away with his judgment, he is pretty sure to place in his enemies' hands powerful weapons for his own defeat.

#### SEX-DETERMINATION AND HEREDITY OF CULTIVATED CHARACTERISTICS.

Two important papers that deserve notice have been recently made public. One has been exploited by the secular press, to which it has proved a "fat take," furnishing many a writer the opportunity of dishing up a readable article and displaying his profound ignorance at the same time. This is Professor Schenk's theory of the determination of sex. According to him the ruling element is the nutrition of the mother. Starting upon the well-known fact that women are anemic as compared to men, the blood of the former containing about 4,000,000 red cells per c. c. as compared to 5,000,000 in men, he asserts that if the pregnant woman is well fed her child will be a boy, while if she is underfed she will bear a girl.

Our deeply-rooted conviction is that the matter is not nearly so simple. The fact that the solution of this problem has heretofore baffled all who have attempted it, would suggest that something more abstruse is found in it. No assistance can be obtained from comparisons of the rich with the poor, for high nutrition does not necessarily coincide with an abundant food-supply. In fact, the contrary might be maintained, for the vegetarian immigrant is more apt to be rosy than the uricemic and meat-eating American.

Nor can the customs of bees be adduced; for although a queen bee may be developed by enlarging the cell in which the worker egg has been deposited and feeding the larva on special food, this simply produces a perfect female instead of an imperfect one, but does not alter the sex.

The most significant observations yet made upon man come from Africa. The Waganda were accustomed to make raids on the neighboring tribes, marching all night and falling upon the doomed village about daylight. The men were massacred and the women possessed by the victors. The product of these unions was invariably a crop of boys. The warriors, exhausted by night-marching and fighting, united with the women awakened from a full night's sleep. The weaker sex was reproduced.

When the Arab slave-traders take their caravans to the seashore, the women carry heavy loads, are underfed and bodily and mentally depressed. The Arab stalks along, carrying only his gun; and if he tires, this also is laid on the slave's shoulders. Whatever may be the food-supply, the master gets the choice. The journey occupies a year or more, and at its end each female slave carries in her arms a female babe. Here again the weaker sex reproduces itself.

It is evident this must be the rule, for the proportion of the sexes remains about

equal, and this could not be the case unless the sex most likely to be extinguished were the one to be reproduced. Otherwise, in view of the strong preference given to boys, girls would soon become scarce.

This hypothesis accounts readily for Professor Schenk's observations, for the well-fed, anabolic female would be apt to produce boys, while her anemic, katabolic sister would fill her home with girls.

The other paper to which we refer is that of Prof. Elmer Gates. In this the author details the remarkable results of a long series of experimental researches made by himself upon animals. Briefly, he claims that by the persistent exercise of any cerebral function, the cells of the corresponding portion of the brain are developed and multiplied; and that on the contrary by suppressing the functioning of any part of the brain, the cells diminish in number and activity. For instance: by systematically exercising the sense of sight in a dog, the ocular centers are notably developed, while by confining a dog in darkness, these centers atrophy. It would be of interest to know the result of *post mortem* examinations of the ocular centers of persons who had lost their sight early in life.

But Prof. Gates also claims that all such modifications of the brain as are due to use, or non-use, are transmissible to posterity. In this he modifies Weissman's dictum as to the non-heredity of acquired characteristics. Gates says that the mutilation of the Chinese women's feet, and the Jew's prepuce, like the removal of tails from many successive generations of mice, does not result in the inheritance of the deformities, because no change is thereby occasioned in the brain tissue. But the effects of long study of music or other arts, or of the cultivation of special mental traits, or of the passions, good or bad, are, according to Gates, hereditary. He makes a powerful appeal to the parents of the coming American, to so influence him prenatally as to render him somewhat

nearer an ideal citizen than the present generation.

Prof. Gates' paper has not as yet attracted the attention of the secular press; but it is being discussed by intelligent thinking men, and we may expect to see its effects in the medical papers for years to come.

#### THE OLD STYLE.

How is this for scientific (?) prescribing by a Professor of Therapeutics:

Ext. belladonnæ.....	
Ext. stramonii, aa.....	1.
Ext. hyoscyami.....	.2
Quinin. sulphat.....	1.5

Tr. ft. pil. No. x. Sig. One every four hours until relieved. For dysmenorrhea and ovarian neuralgia.

This is given as printed. If the writer really desired to give one and one-half grains each, of the first two ingredients, what additional effect is the 3-10 grain dose of hyoscyamus to accomplish?

#### PURE FOOD.

A Pure Food Congress was held in Washington, March 2, 1898. We hope it saw fit to take up the adulteration of wheat flour with corn. This is not specially unwholesome, but it is a fraud to sell cheap corn at the price of the costlier wheat. Whether this is the cause of the poor flour is not certain, but there goes up a great cry from the kitchen that good bread cannot be made from the flour now in use. It is claimed that this is due to the bad quality of the wheat, but it is suspicious that bad bread and corn flour should come together. Meanwhile, the detection of corn flour is very difficult even with the microscope.

Dr. Scurlock writes that he finds the best way to open up hypodermic needles is to soak them for twenty-four hours in a solution of lye (caustic soda). It is a good suggestion.

# LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

## NASAL CATARRH, ACUTE AND CHRONIC; LARYNGITIS; EUSTACHIAN TUBAL CATARRH; AND INHALANTS.

By Seth Scott Bishop, B. S., M. D.

Professor of Diseases of the Nose, Throat and Ear, in the Illinois Medical College; Consulting Surgeon to the Mary Thompson Hospital, etc.

AT this season of the year, when the mucous membrane of the respiratory tract is taxed to the utmost in the performance of its functions, we are confronted with a large number of cases of inflammation of the nose and throat. This is especially true of the present time, since the meteorological changes have been sudden and extreme;



S. S. BISHOP.

freezing and thawing, snow-storms and rains, have followed each other in rapid succession. The barometer has shown marked and unusual variations, both as to the suddenness of its movements and the extremes of pressure. The conditions are right for an epidemic of influenza.

The result of these abnormal atmospheric phenomena is to precipitate a general prevalence of catarrhal affections of the upper respiratory passages, that call for prompt and efficient treatment, to limit the field of inflammatory activity to the point of first attack, and to subdue the inflammatory action where it already exists. Both of these objects can be accomplished if

proper treatment is instituted early, and the patient co-operates. Moreover, it is possible to attain these ends without resort to the crude and offensive methods that were in vogue only a few years ago. With the alkaloidal and synthetic remedies at our command, the medical treatment is reduced to a refined and elegant art.

Cases of acute rhinitis and Eustachian salpingitis, like the one before you, are not difficult to manage. If the attack partakes of the epidemic character, and the temperature is high, it should be controlled with antipyrin or one of its efficient substitutes. The pain, headache, sneezing and hydrorrhea are relieved by the coryza tablets, consisting of an effective combination of morphine and atropine sulphate and caffeine citrate, in the following proportions: Morphine, 1-12 grain; atropine, 1-600 grain; caffeine, 1-6 grain. Morphine relieves the pain and nervous irritability, suppresses the excessive secretions, and stimulates the circulation. Atropine elevates the tone of the blood-vessels, decreases all the secretions except the urine, stimulates the respiratory center, and counteracts the constipating effect of the

morphine. Caffeine stimulates the nervous centers and the kidneys, and diminishes the tendency of the morphine to produce nausea. This tablet effectually relieves the nasal stenosis, and affords a very prompt and grateful relief to the most prominent and distressing symptoms.

Let us now turn our attention to the topical treatment, and while the subject is before us we will improve the opportunity to make some observations relative to a few of the inhalants that are in general use. I have devoted considerable time to the study of these remedies, aided by a number of assistants in the various clinics. We have endeavored to arrive at accurate and definite results. We know well the action of nitrate of silver or sulphate of zinc when applied to mucous membranes, but accurate observations have not been sufficiently devoted to the physiological actions of the large number of inhalants offered for our use.

These questions should be definitely determined before we apply a local remedy to a diseased surface, for the same reasons that no internal medicine should be administered without fulfilling a special indication for its use.

In the case of camphor-menthol we have no doubt as to its place in our treatment, for we have defined its action. It contracts the capillary blood-vessels of the mucous membrane, reduces swelling, relieves pain and fullness of the head, or stenosis, arrests sneezing, checks excessive discharges, and corrects perverted secretions. We know that benzoin is antiseptic and disinfectant, and that it is a stimulant to the blood-vessels of the respiratory tract. Like other remedies that are of decided value, if used in too great strength it is an irritant. Inhalation of the powder excites coughing and sneezing, but if used in a proper way it is an excellent stimulant expectorant.

But the question in this case is, what local treatment best meets all the indica-

tions? I have described the condition present, and you will readily see that the combination of camphor-menthol and benzoin with some bland, non-irritating emollient vehicle, to protect the inflamed membrane from dust and irritating air, will fulfil all the conditions to be imposed upon any topical remedy.

We will now throw a nebula of the three per cent solution of camphor-menthol in benzoinol into both of his nostrils. The effect of this is cooling, detergent and astringent. It checks and corrects the excessive and perverted secretions, and contributes so much to the comfort of the patient that we will give him directions for home treatment, with the same solution in the benzoinol atomizer.

The dilator with which you see me treat this man is not adapted for home use, because it requires a compressed-air apparatus with a pressure of twenty pounds to operate it. However, we will employ it now to throw this preparation into his Eustachian tubes and middle ears. His hearing is impaired from tubal catarrh, arising from an extension of the rhinitic inflammation into the tubes. The inflation not only opens up the tubes and restores the ventilation of the tympanic cavities and equalizes the atmospheric pressure on both sides of the drum-heads, but at the same time medicates the mucous membrane lining those parts. This is rational treatment; for, like the eyes when inflamed, they need not air alone, but medicaments also.

On testing the hearing now you will observe that it has become normal. He had no trouble with his ears before this attack, and the restoration of his conducting apparatus to its normal tension was all that was required to render his hearing normal.

You, gentlemen, who are in general practice, can carry out this method as specialists do, if you are supplied with this improved apparatus. We will direct the patient to use the spray four times a day,

or oftener if he wishes, and you will be surprised to know how much relief is afforded. You can arrest such attacks in the first stage and thus prevent chronic nasal and ear diseases.

The next case is one that has been under our treatment for chronic hypertrophic rhinitis. He is now suffering from an attack of acute laryngitis. His treatment for the rhinitis has consisted of electric cauterizations of the inferior turbinated bodies, followed with the camphor-menthol and benzoinol, in ten per cent solution, applied daily on a cotton tampon, which was left in contact with the burned tissue each day, for four days. Then, instead of a reaction from the cauterization, swelling, hemorrhage, stenosis, and extensive sloughs, we find simply a healthy, granulating, excavated surface. If the electrode is removed while still hot, there is practically no hemorrhage. The tampon must not be so copiously saturated as to allow the fluid to squeeze out and run down the throat and out of the nose after it is placed, otherwise the mucous glands are too greatly stimulated to activity. This treatment is supplemented by the patient's using the atomizer at home morning and night, with the same three per cent solution. It should be remembered in selecting these inhalants that the weak solutions of camphor-menthol diminish secretions, while the strong ones increase them. But the effect depends somewhat on the kind of an instrument you use. I have here a solution containing ten per cent of camphor-menthol and fifty per cent of oil of cubeb in benzoinol, which we use in the Globe Nebulizer for the throat, larynx and bronchi, without any unpleasant effect; while if you used the coarse spray of this solution, the effect would be too intense for our purpose, because so much larger quantity of the medicine is projected upon the membrane.

For the laryngitis we will give an inhalation consisting of ten drops of pure camphor-menthol with hot water. The medicated

steam from this will be drawn through the mouth for five minutes, two or three times in the course of an hour. The water must be hot enough to generate steam, and when the medicine is exhausted it will be replenished.

Laryngitis yields readily to these inhalations, and they are effective in bronchitis as well. Patients derive more benefit in these diseases from such home treatment than from any other. We give, also, the cough and throat tablets you see this patient have. They are allowed to dissolve slowly in the mouth and come in contact as long a time as possible with the throat. They are pleasant to the taste and there is no trouble in inducing children to use them. Each tablet contains the following :

R

Ammonii chloridi . . . . . gr. ii  
Tincturæ opii camphoratæ.  
Syrupi scillæ compositi. . . .  
Syrupi tolutani. . . . . aa m. v  
Extracti glycyrrhizæ . . . . . gr. iii

M.

These tablets are especially convenient when we prescribe a cough mixture for business men to carry about with them.

Some of the other inhalants you have seen us using are mixtures of benzoinol with pine needle oil, oil of cubeb, salol, carbolic acid and iodine, eucalyptus, etc. If you want a drying, detergent and protective spray, the pine needle oil in four per cent solution will accomplish your purpose, and it is a most agreeable preparation. In those rare cases in which the mucous glands are atrophied and in need of a powerful stimulant to excite them to action, the cubeb and benzoinol spray is effective, especially when combined with the ten per cent strength of camphor-menthol.

There is a prevalent mistaken impression that the cubeb spray is drying to the mucous membrane, while the opposite



action is the true one. It is a stimulant and disinfectant. It increases the flow of mucus, and if used in too strong a preparation it acts as an irritant. Cubeb is useful as a tonic in chronic irritability of the throat and larynx, especially in the hoarseness of public speakers and singers.

Eucalyptus is antiseptic and destructive to low forms of life. It is a stimulant expectorant, and must not be used in very strong solutions or it becomes an irritant. When combined with benzoinol in the proportion of twenty grains to the ounce it is not too strong for the majority of patients, but as a rule it must be avoided in hay fever patients. Some of them cannot remain in the room where it is being sprayed without suffering from paroxysms of sneezing.

The carbolic acid and iodine combined with benzoinol, two grains of each to the ounce of the latter, are valuable when the stimulant, alterative, antiseptic and slightly anesthetic effects are desired. They are very useful in ozena, particularly when followed with aristol or nosophen.

We rarely employ aqueous sprays, except the antiseptic solutions, such as Pasteurine, Glyco-thymoline, Borolyptol, Antinosine, etc., to wash and cleanse the membrane preparatory for the oleaginous medicaments, and the alum solution in the larynx to restore the smooth, reed-like quality of the voice in singers and speakers, after subduing a laryngitis.

We have considered those remedies only that we have found to yield the most definite and positive beneficial results. Others are undoubtedly useful, and he who endeavors to cure diseases of the respiratory passages without the aid of such means as we have mentioned is like a surgeon who would discard antiseptic washes and iodine compounds, or a dermatologist without his soaps, powders and ointments.

103 State Street.

## TREATMENT OF CHANCROID ULCERS.

By E. Chenery, M. D.

TURNING from the things that are not so to some that are so, I would inquire of Father Epstein or others of your writers, if they can give a treatment for chancroid ulcers that is more so—easier and quicker in good results?



E. CHENERY.

For many years I have confined myself to the subnitrate of bismuth treatment; and this upon the principle of handling eels. Everybody knows that the eel cannot easily be managed in water or when his body is wet, but nothing is easier to do after you have landed him in dry dirt—street or ashes.

Now we all recognize that the eroding agents in these ulcers are microscopic microbes and that nothing suits them better than moist dressings, or no dressings when they will keep themselves moist, so that the rational treatment is to fix them so they can't squirm.

Seeing many cases in the Marine Hospital years ago, in sailors, a large proportion old, neglected and of course of severe type, the hospital fairly stank from the packings they got with chlorinated soda water; and seeing the use of other solutions of more or less germicide and astringent qualities, and also iodoform and other agents of its class, I have been led to discard them all for the unirritating, odorless, inexpensive, clean and slightly antiseptic drying powder—bismuth—which is all that is needed in the newer, milder cases. The parts should be cleanly washed and dried with absorbent cotton, and the cavity or cavities thoroughly filled with the powder and renewed where and as often as there is any show of moisture. The powder should be applied over all parts that look irritated or inflamed. If the ulcer is beneath the prepuce, a thin film of cot-

ton should be laid over the powder and the prepuce brought over that. Where this cannot be done the cotton and a bandage is used. In the severer cases, I cleanse the parts and apply cocaine, and in a few moments I touch with fuming nitric acid or strongest carbolic acid. To the former I directly apply water repeatedly, and to the latter glycerin; the object being to powerfully affect the surface, but only superficially. The part is then dried and the bismuth applied, being reapplied by the patient for two days, when I wish to see him again. If there is no further moisture there is no further erosion and the healing goes on under the bismuth. If there is any moisture in any direction, one or the other of the caustics, preferably the nitric acid, is applied to the points only where the moisture is found. In most cases it is surprising how soon the healing process is established and goes on to complete recovery. In the cases where there is much swelling and induration, the microbes have got beneath the surface of the ulcer and are not all at first reached; and this may require several repetitions of the caustic, for they do not come into direct contact with the drying powder to be hindered in their work; besides they will give rise to some moisture which betrays their living presence, requiring that they receive a little special touching up.

As this particular line of treatment by the bismuth is original with myself, so far as I know, and is the best with which I am acquainted, I send it out hoping to draw a better one from some other physician, if there is a better. If there is no better one known, then I hope it may serve some other physician as a practical hint.

Let me ask: Why do physicians continue to apply absorbent cotton over the end of the organ in cases of gonorrhea? The cotton adheres and stops back within the urethra the irritating microbes which ought to escape as soon as possible. Better apply a bandage to the organ wide

enough to extend an inch or two over the end. A string near the roots will keep it on, and the loose end will catch the discharge.

Boston, Mass.

#### "CONCENTRATED THERAPEUTICS."

By I. N. Love, M. D.

THIS is the age of concentration. In everything the desire is to secure the kernel, the essence, the concentrated active principle, as it were, from a sermon to a pill or a tablet.

Life is too short for us to wade through enormous quantities of superfluous matter in order to get a small fund of information. For this reason the writer who can condense the crystalized expression of a good subject in the most complete way is the one most appreciated.

The same rule is becoming the predominating one along the line of therapy. Old-fashioned infusions and mixtures are less and less used and large masses and boluses containing crude drugs, with all of their inert debris, are not prescribed except by the thoughtless.

We no longer give cinchona bark in bulky quantities, but the active principle, quinine; morphine and codeine, as the quintessence of opium, are preferable to the crude drug; and strychnine is selected instead of *nux vomica*; and so all along the line.

There can be no question but that the work of Dr. Burggræve has been productive of much good. No one will deny the thought that Hahnemann, the father of Homœopathy, accomplished much good in developing within the regular medical profession, and in sheer self-defense, a disposition to study the pleasantness and potency of active principles in medications.

Through the medium of the alkaloidal granules and tablets, now furnished to the profession by the Abbott Alkaloidal Co., a physician can carry with him for im-

mediate use the active principle of every drug in the *Materia Medica*.

The day of the shot-gun prescription is a thing of the past, and the rifle with its directness and definiteness, and ability to strike the "bull's-eye," figuratively speaking, has taken its place. The doctor who understands the principles of diagnosis and the physiological actions of medicines is not groping in the dark when he prescribes individual remedies.

Of course there comes a time when it is desirable to combine certain remedies to produce certain effects; but this combination can be better accomplished by prescribing the individual remedies and combining them at the time of their administration.

In medicine as in other matters, now-a-days, the thing that will go to a given point in the most direct way is the thing that is wanted.

The *Omnium Gatherum* form of dosing is giving way to the inevitable—the dosimetric or alkaloidal method.

St. Louis, Mo.

#### PREDETERMINATION OF SEX IN THE FETUS.\*

By E. M. Epstein, M. D.

PROF. SCHENK, Director of the Embryological Institute at the Vienna University, lately sent out a communication that he succeeded in



E. M. EPSTEIN.

influencing at will in brute and human beings the sex in the propagated offspring. The process is the result of metabolism, and comes about without medicinal or operative interference. In other words, the Professor maintains that the sex of the offspring can be regulated and determined at the start, and that parents will be able in the future to decide beforehand whether they are to have girls or

boys. Dr. Schenk has been Extraordinary Professor of Embryology since 1873, and previous to this he was for seven years assistant of the late and celebrated physiologist, Ernst Brucke.

Prof. S. says: "The subject has engaged my mind for twenty years. At first I experimented on dogs, cats, rabbits, guinea-pigs and fowls, and met with not a single failure. I have sufficient confirmations of my theory in mine own family, as well as among numerous acquaintances. I have according to mine own desire and determination six sons, two of whom have died. My results and observations among acquaintances were so striking that I resolved to make the subject public.

"The method and principles of my discovery I will publish at a later date, perhaps after the summer vacation, as soon as I will have put in order the entire and extensive material which is at my disposal. The thing is not so very distant. Others before me have worked in this province, and I only join myself to them.

"In the uterus every individual is at first a hermaphrodite. In some kinds of animals this condition is permanent, and in others, to which man belongs, a differentiation takes place in such a manner that certain parts attain to a definite development, while the other parts dwindle away. It is at this stage of development that my system interferes in favor of the one or the other sex. I expect from my system a benefit for rural economy, by making the farmer to produce at will draught, meat, or working animals. Especial benefit would accrue to mankind in repressing the generation of one sex if its predominance should call for it, and favoring that of the other. The number of women on the globe was always greater than that of men, and this is a natural necessity; but for science and for breeding purposes I consider my discovery as of the greatest importance. More than what I have said here I cannot for the present."

\*From the *Welt Bote*, Feb. 8, 1898.

The senior master of biology, Rudolph Virchow, whose opinion on this question must be of special interest, says the following: "Prof. Schenk has met with many an opponent in his scientific course hitherto, and I believe that they will not stay away this time either."

Since the male is always stronger and larger than the female, it might be assumed that strong and well nourished women would sooner be able to beget boys than weak and ill nourished women could. This is, however, but an assumption for which confirmation is yet wanting, as all attempts hitherto to arbitrarily predetermine the sex have failed more or less. To make an opinion possible on the statement of Prof. Schenk, it is necessary first of all to know when he begins with his measures to influence the production of one or the other sex. One thing is certain to my mind, that the female ovum has already very certain sex-dispositions; hence, to influence the production of sex, it would, I think, be necessary to do so at the time when the female ovum originates. This circumstance evidently does not simplify the entire question.

I would not reject altogether the possibility of influencing the origination of sex; but neither do I believe that the problem could be so easily solved, and I remain, therefore, very skeptical toward the statement of Prof. Schenk.

Prof. D. Hertwig, Director of the Anatomic-Biologic Institute at the Berlin University, expresses himself in a similar way, that all deliverances about arbitrarily influencing the development of sex must be accepted with the greatest caution.

Prof. Gusserow, Director of the University Obstetrical Clinic, expresses himself thus: "Considering the position which Prof. Schenk occupies in the scientific world, it cannot be allowed that he would have agitated the world with an indiscrete deliverance. All experiments hitherto made in this respect, *e. g.*, in the case of

women with abnormally narrow pelvices, to reduce the size of the fetuses by means of the lowest possible nutrition of the mother, have not proven themselves satisfactory. I am therefore very skeptical respecting Prof. Schenk's communication, yet I would not deny the possibility that he has actually succeeded in finding a method by which to produce an effect upon the origination of the sex. We will have, therefore, to wait for further communications before pronouncing a final judgment. But the discovery is, at all events, of the most extraordinary importance."

It is to be noticed also, that it is not a new thing for investigators of nature to busy themselves with this subject. Statisticians and biologists, especially in England and America, where the breeding of animals is so highly developed, have as a matter of course always had the greatest interest in the possible solution of this problem. Their materials were statistics of births, population censuses, and the like. In more recent times the problem was approached by biologists, since the investigation of the generative cells out of which the animal body is built was so far successful that a series of experiments could be instituted to affect these cells with temperature, position, motion, and chemical substances. But up to this time no noteworthy results are yet to be recorded in respect to the question at hand.

The newest information on the subject is that which comes to us from London under date of January 30, which says: "It can be easily imagined that when the reported discovery of Prof. Schenk of Vienna became generally known, that the sex of offspring can be fixed at will, his life became a burden to him. Hundreds of letters came to him daily from all parts of the world, in which his counsel is sought, and strange to say, these are all from women, all of whom desire to have sons, but never a daughter!"

The learned Professor has found it neces-

sary to declare that the reports of his discovery are altogether incorrect, and need an essential correction. He says: "After long researches I believe that I am able to exert an influence upon nature, in the case of a woman who became the mother successively of five or six daughters. When I spoke to my hearers of my observations and experiences, the thing was exaggeratedly noised abroad, and the newspapers concluded prematurely that a great discovery had been made. This is, however, not the case. I believe that I can correct nature in certain exceptional cases. This is all. My investigations will be the subject of communications to various medical faculties, but I do not expect to complete this report before a year's time, since my labors have not been concluded yet."

During the last seventy years there were born in Prussia 58,388,782 infants; among these were 696,831 twins, 7731 triplets, 161 quadruplets, and three quintuplets. Birth statistics are kept very carefully in Prussia, and are therefore perfectly reliable.

West Liberty, W. Va.

#### FACTS FOR BEGINNERS IN ELECTROTHERAPEUTICS.

By W. H. Walling, M. D.

(THIRD PAPER.)

##### RESISTANCE OF THE BODY.

THIS, as stated in the last paper, ranges from a few hundred to many thousand ohms, depending upon the method of application.



W. H. WALLING. Let us first get a clear understanding of what is meant by an ohm. The term is used in honor of Dr. George Simon Ohm, a Bavarian scientist, who promulgated the following law: "The current strength or intensity of a battery is equal to the electro-motive force, divided by the

internal, plus the external resistance." The equation is thus stated:

$$C = \frac{E}{I_r + E_r}$$

A piece of copper wire, one thousand feet long, and one-tenth of an inch in diameter, presents a resistance of one ohm. A copper wire one-twentieth of an inch in diameter, and two hundred and fifty feet long, presents the same amount of resistance. The smaller the wire the greater the resistance.

A mile of ordinary iron telegraph wire gives a measure of about thirteen ohms.

The resistance of the body or parts of the body included between two electrodes of medium size, when applied in treatment, averages, in ordinary individuals, from two to four thousand ohms. This is a general statement. It may, in some instances, run as high as ten thousand ohms. Through the resistance first stated we should get, from two to four Leclanche cells, a current of one milliamperere. In order to overcome resistance, we multiply our cells.

Let us illustrate the principle both by coils of wire and by the body:

Suppose the body presents at first a resistance of three thousand ohms. As the skin becomes moistened more and more current will flow, as the resistance is lessened and the current must be proportionately reduced.

Suppose we have a battery with a potential of three hundred volts. We do not want the intensity of current from so large a number of cells, so we throw in resistance coils to overcome it, say fifty thousand ohms. With this enormous amount, we need not consider the resistance of the body. We will then get six milliamperes of current, the equation being as follows:

$$300 \div 50,000 = .006 \text{ ma.}$$

If we use a smaller battery, say one of eighteen cells, then the resistance of the body becomes of importance and our equa-



tion would be thus:  $18 \div 3,000 = .006$  ma. the result being the same as with the heavy battery. The reason for this is that the current intensity or amperage has been brought to the same degree, in one case by the heavy resistance coils and in the other by a reduction in the voltage.

The result, however, would not be the same in both cases. We overcome amperage by resistance, but we do not thus control voltage.

We will illustrate this by using a hose pipe. Without a nozzle the stream issues from the pipe in large volume, with correspondingly small pressure, and the water will be thrown to but a slight elevation. With a small nozzle placed on the pipe, the water will be thrown to a great height. We have increased the pressure by throwing in resistance.

We can practically illustrate effects by using a heavy battery and reducing the current by resistance coils, and then attempt to apply one or two milliamperes of current to the head of a patient. She will complain of great discomfort, the current will seem sharp and stinging although so small in amperage. Next take a small battery, using just a sufficient number of cells to give a current of one or two milliamperes, and apply to the head as before. There will be no discomfort, no burning. This is because we are now using only sufficient electro motive force to carry the current through the offered resistance and no more. In the other case the whole voltage of the battery, was used to carry two milliamperes of current and a heavy blow was struck, so to speak. Voltage is pressure, and resistance increases it but reduces amperage. I never use more than just sufficient cells to carry the required current. For this reason, one should have his battery arranged so as to be able to select one or more cells as may be needed. Then, too, one should be able to choose the cells from any part of the battery thus prolonging its usefulness.

The Edison electric light current is now being used quite extensively for medical purposes. We are enabled to do this by reason of a system of what are called shunts. These are wires so arranged as to take only a part of the current from the main line. Previous to using such a device, such currents were dangerous. With improved apparatus the Edison wire is a most admirable source of electricity for medical and surgical work.

The voltage of the Edison current is stated to be two hundred and ten, being supposed to be constant. With a suitable apparatus, this may be reduced to any needed amount. The arc light wire is not suitable for our use, being what is called an alternating current with a voltage of say three thousand. If the alternations were sufficiently rapid this current would not necessarily be a deadly one.

From all of the foregoing we learn that it is not sufficient to use a rheostat or controller, without regard to the number of cells in the circuit. Controllers are essential however, as the current may be very gently and slowly turned on or off so as to be barely perceptible to the patient.

When the galvanic current is used on or near the head a galvanic faste is noticed; and as the current is increased or diminished or the electrodes moved from place to place, flashes of light appear before the eyes. These are really in the eye, being the effect of the current upon the optic nerve, which responds also to light, to sudden blows on the head, or to pushing or rubbing the eye-balls. This reaction to galvanism is of great diagnostic importance, and should be carefully studied.

Reverting to resistance, we must bear in mind that the skin being dry and of a horny nature, prevents nearly all that is shown in our external applications. If it be broken, or a pimple be met with, the current passes so much more easily as to cause great discomfort.

The mucous surfaces are good con-

ductors by reason of their moisture. The junction of the skin and mucous membrane is in some localities much more sensitive to the current than are other parts of either. The vagina, uterus and rectum are tolerant to strong currents. The mouth and nasal passages are not so tolerant.

Philadelphia, Pa.

—:O:—

Dr. Walling gives us in plain terms such directions as enable the beginner to comprehend the nature and uses of his electrical apparatus. In our next issue Prof. Neiswanger will present one of the most recent developments in the therapeutic application of this potent agent.—ED.

#### PRACTICAL HINTS FROM DAILY EXPERIENCE.\*

By Dr. W. C. Abbott.

(PART IV)

##### THE HYPODERMIC SYRINGE.

THE majority of the laity associate the hypodermic syringe with morphine, and the moment one is produced someone will usually have something to say along that line. Unfortunately, the hypodermic has been used (and perhaps now is) more for morphine than all the other drugs combined. But with the



newer pharmacy which places many pure drugs at our command that may properly be used hypodermically, the syringe should come into more general use; and we should take all pains to explain the above to the people at every opportunity.

When a prompt and a decided action is demanded, use the hypodermic. When pain is to be relieved and nausea and vomiting are prominent symptoms how in-

comparably superior is the hypodermic over the old method of giving medicines by the mouth and trusting to luck whether they be absorbed, retained inactive or vomited, with nine chances in ten of its being one or the other of the last two.

Properly used in suitable cases, the hypodermic syringe will save life and thus add to our professional success. Nearly all the active principles may properly be used hypodermically, *i.e.*, those that are soluble in water, and this includes nearly the entire list except the resinoids and some concentrations. The alkaloidal granules and tablets are made with this end in view, and, though not as readily soluble as the especially prepared hypodermic tablets, they meet an emergency very nicely.

In the use of the hypodermic method one should strive to avoid morphine as far as possible, and with codeine, hyoscyamine, etc., at our command this may usually be done. Try two granules each of hyoscyamine amorphous, gr. 1-250, and strychnine arseniate, gr. 1-134, hypodermically in your next case of colic; follow this by a big hot water (very hot) enema. If the extremities are cold add two granules of glonoin, gr. 1-250, to the initial dose. The same is good treatment in hernia and spasmodic pains of almost any character. Know the newer therapeutics, Doctor, and take the knowledge with you to your patients.

##### AN OBSTETRICAL EXPEDIENT.

Years ago on reaching a case of labor I found the funis prolapsed, the only case I have ever seen. I put the patient in the knee-chest position to replace the cord when, the os being well dilated, it occurred to me to clap on the forceps in this position. The patient, being a sensible woman, was perfectly willing, and I did so, laying her on the side to deliver. It was the easiest forceps application I ever made.

Try it some time when a case bothers you. Chicago, Ill.

\*These notes will be continued during the year as a "filler" to this department. I hope they will serve their purpose and at the same time be interesting and instructive.



# MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

## THE CLAIMS OF SUGGESTIVE THERAPEUTICS.

*Editor Alkaloidal Clinic:*

—It is almost with feelings of presumption that a young, obscure and withal modest (?) man would essay to question

the validity of statements of so prominent and painstaking a physician as Dr. Waugh; but his sweeping and unqualified attack in the February CLINIC on the "whole brood of suggestive therapeutic methods" fully justifies me in answering so unjust a charge against a method of therapeutics which will in the near future demonstrate its ability to *force* its way into general therapeutics as a most valuable and successful adjunct to other measures. This is not meant as a personal attack, merely an attempt at refuting what seem to me to be unwarranted and misleading assertions.

It is not the claim of suggestive therapeutics that it is a cure-all for all diseases. Far from it! The doctor selects diseases for his argument in which it would be worse than folly to attempt to influence them by suggestion in a *curative* sense. It is not the aim of suggestive therapy to displace material remedies, but to be a valuable adjunct to our regular methods, which, God knows, are inefficient enough, in our ever present battle with disease. While alkalometry, of which I am learning the first of the alphabet and of which I am an earnest student, has made rapid strides and great advancement in medicinal therapy, even its strong arm is unable to successfully cope with all forms of disease.

The only admission of the efficacy of "hypnotism" in his article is included in the following quotation: "We can employ hypnotism for the relief of auto-suggestive maladies, but we would rather trust anti-septics in cholera infantum". Most heartily conceded, were it given in a spirit of concession; but the comparison following destroys the value of the concession to any one not familiar with "hypnotism," for infants and small children are not susceptible to hypnosis. Moreover, "hypnotism" seems to be regarded by the doctor as the sum and substance of suggestive therapeutic methods, whereas it is of very minor consideration. In hypnotism itself there is absolutely no therapeutic efficacy, it being simply a "means to an end". By the use of hypnosis the entire body is brought into a quiescent and receptive state, closely allied, and many claim identical, with sleep, in which condition therapeutic suggestions can be made, usually with the *assurance* that they will be fully carried out by the subjective (automatic) forces.

Again going back to the quotation: "We can employ hypnotism for the relief of auto-suggestive maladies"—how many of the ordinary chronic and even acute diseases are there where "auto-suggestive" symptoms do not manifest themselves? How many ailments of but a few week's duration are entirely free from a decided neurotic (auto-suggestive) taint? Would not these alone, on the doctor's own concession, rightfully admit suggestive therapeutic

methods to a well deserved position in the armamentarium of the conscientious physician? Would not its intelligent application relieve these unpleasant and most difficultly controllable manifestations and thus remove a formidable impediment to recovery?

Again quoting: "And to the whole brood of suggestive therapeutic methods we object that the cultivation of the emotional temperament and surrendering to it the direction of life is of vastly greater detriment than a few bottles of tonics or boxes of pills". As to the "surrendering" to the "emotional temperament" the "direction of life", that would be an impossibility, for the "emotional temperament" (subjective forces, automatic functions, sympathetic nervous system—any of these names by which you wish to call it)—is, from the dawn of life of an individual the *controlling and life directing* force of all vital function. It is this "emotional temperament" which controls the automatic vital functions in sleep while the objective faculties are in abeyance and storing up energy to resist the wear and tear of the following waking interval. Moreover, if danger be feared as to giving this emotional temperament too great a scope in the "direction of life", this can very easily be controlled by a few appropriate suggestions, limiting it to its proper sphere. None but a careless or ignorant operator would permit it to escape its rightful bounds. Instead of the "cultivation" of this force to the "detriment of life", it must be trained and educated to continue or return to its normal channels, as it is its escape from its normal sphere which produces neurotic manifestations in disease.

"Bottles of tonics" and "boxes of pill" are usually efficacious, but do not invariably attain the desired results; and it is in this very class of cases where material remedies have signally failed that suggestion yields its most brilliant results. I could cite case after case from my own actual

practice where I exhausted all the medicinal and mechanical resources at my command, including alkaloidal methods, without avail, and on the application of suggestive measures, often discarding all medicinal measures, a rapid and permanent cure was established. It is a notorious, and generally appreciated fact by the intelligent profession, that the nervous element of disease is most difficult to overcome, and in cases where it *can* for a time be suppressed by drugs, more or less detrimental influences on the system for a longer or shorter period frequently result. In all cases of functional neuroses and disorders, and in neurotic manifestations of organic disease, suggestive therapeutics, not "hypnotism", is a specific and is not only advisable but imperative with the progressive physician; and if we do not arm ourselves with this powerful adjunct in the healing art we are doing our clientele a gross injustice. It is not applicable in every case, any more than opium and lead should be given to relieve constipation or calomel to check salivation from the use of other mercurials.

Should we decry the use of any single drug because it is not a universal panacea? Is it compatible with the liberal and progressive fraternity that the medical profession claims to be, to wilfully turn away from new therapeutic measures simply from preconceived prejudice? Should strychnine be excluded from our medicine cases because it is a poison? Should we discard aconite, lobelia and other powerful medicaments from our armamentarium for the simple reason that death has been frequently caused by the incautious and excessive administration in cases where other measures or smaller dosage would have resulted in recovery? Because there is a possibility of resulting harm, which is at best but theoretical, must we turn away from suggestive therapeutics, which is sustained by innumerable and indisputable *results*, demonstrating its therapeutic value?

By no means! The only possible harm resulting from its use is the clumsy method of handling the patient, making wrong or contradictory suggestions or trying foolish experiments for the satisfaction of a morbid curiosity and criminal desire to provoke mirth.

The general profession will do well to look into the possibilities of suggestion, for surely, a force which by a few treatments cures dysmenorrhea after years of suffering and fruitless medication, delivers a woman of a child painlessly, and innumerable other no less wonderful things without disagreeable after effects, is of sufficient therapeutic importance to demand more than a passing supercilious sling and caustic comment by our leaders in therapeutic measures.

J. F. RITTER, M. D.

Worthington, Iowa.

—:O:—

The thought one has when he sits down to write is not always the one he conveys to his readers, who do not apprehend his environment at the time he writes. I am not an opponent of hypnotism or of suggestion in other forms. I recognize fully the place the method has in our practice, whether we are conscious of it or not.

But I do object to the elevation of suggestion into an exclusive system. It is like luck, a good thing when you have done all else that reason, thought, prudence, foresight, care, knowledge, dictate; but a very bad thing when, throwing them aside, you rely on it exclusively.

And I do not consider it wholesome for the individual to be hypnotized repeatedly or habitually. It may be necessary to hypnotize a drunkard in order to cure him of his alcoholism. If so, in God's name, go ahead and hypnotize him. But whenever it can be done, I would prefer to look him squarely in the eye and say: "You have been a self-indulgent sensualist, bringing grief on your friends and ruin on yourself. The time has come for you to brace up and

be a man. You'll have to suffer, but just grit your teeth and think how richly you deserve it. Rouse up your manhood and go through this thing yourself, without other help than the consciousness that you are doing your duty."

Yes, I know that they do not often do it, but how much more respect you have for a man who does this. And what is more important, how much respect he has for himself.—Ed.

#### NOTES ON FEBRUARY CLINIC.

*Editor Alkaloidal Clinic:*—"Abdominal Wounds, and Their Best Modern Treatment," Dr. Ide's letter, page 111, apart from its high scientific value, is especially gratifying for the high tone it sounds as to the morale of the physician in his calling, irrespective of "fame," or "gossip," or "unfavorable reflection by the profession." Dr. Ide requests me to correct in his letter two sense-perverting misprints: Page 113, right column, line seventh from top, leave out the word "not." Page 114, right column, line eighth from top, read "interdependence" instead of "independence." Dr. Benj. H. Brodnax, however, page 129, sustains Dr. Franklin's idea of no surgical interference, inclusive of Dr. F.'s case 3, page 707, December CLINIC, and is seemingly unmindful of the editor's just and mildly put suggestion there. Then comes Dr. I. C. Young, page 132, with his short and telling "Surgery of the Stomach," and sustains, from his experience, that suggestion of the editor, who "will not sanction the spread of false doctrine" in the CLINIC.

"Abortionists," I put for short what Dr. Chenery means by "Things That Are Not So," as they ought to be, page 100. The law of supply and demand operates in this case too. There would be no abortionists, either as specialists or otherwise, if there were no demand for such; but Mammon and lust demand them, and they are on



hand to supply though they be d—d.

"Acne Punctata," page 127, is treated of by Dr. Grant, who reports a case which he treated successfully with constitutional remedies and externally with Unguentum Resinol.

"Aconite, or Aconitine?" page 103, is a well-informing paper about a friend whom we knew before and since we became alkalometrists. A few items need explanation. (1) What species of aconite do Laplanders eat the stems of and not the root, which "surpasses in toxic violence any other species"? (2) What cardiac tissues besides nerves and muscles does it in large doses paralyze? Are they the connective and vascular tissues of the heart? How was this ascertained? (3) It is "agent by which the great central and circulatory centers are regulated" (page 104, right column). The great central of what?

"Bacteriological Laboratory." Shall one be organized by and for the CLINIC's brotherhood? The very question of it by the editor, page 100, is inspiring. Who can compute the benefit this would confer upon us? What one or a few cannot possibly do, the many can easily if there is a one to organize these many. Then let our motto be here: One for all and all for one! And God will speed the right.

"Bronchitis and Catarrhal Pneumonia," page 81, by Dr. Love, is one of the most lucid, practical and valuable clinical lectures, which the reader has ever been fortunate to either hear or read.

"Child Study," an editorial on page 74, is very suggestive. The present prevalent immorality of the young points ominously to some prevalent errors in the family and school. Are these in the proxy and wholesale methods? Can the public and Sunday schools successfully supplement home deficiencies? Is the general morality of the country as good now, when the public school teacher is referred to as "she," as when it was "he"? The parent is a permanent, "she" is a transient teacher.

"Curetting of the Uterus" is deemed "a blunder every way" by Dr. Brodnax, page 120, right column. His preceptor told him once that "steel instruments have neither eyes nor sense of touch, educated fingers have both; use them." But you can't use them everywhere, *e. g.*, on a stone in the bladder, where the steel instrument imparts to the educated fingers a sense which is conveyed to the eye of the mind. Neither does the doctor use placental forceps, because "if no filth is carried into the vagina, nature will take care of herself." Yes, and of the undertaker, too.

Poor abused nature! How many errors are committed in thy name! What is to be done when the filthy fingers of the "granny," or the filthy instruments of the more filthy abortionist, have introduced filth through the vagina into the uterus? Well, the doctor's present dictum is one of those extravaganzas of which great men allow themselves sometimes to be guilty. But the CLINIC, the editor says, "will not sanction the spread of false doctrine." Then, please, tell us who is right? What is the truth? [There is a use and an abuse of these instruments.—ED.]

"Diarrhea: Summer." How Dr. Hendricks cured a captain of it with "The Little Pellets," page 125, is as entertainingly told as only few can.

"Digitalis: Its Uncultivated Growth in Washington State," page 71, attracted the keen sight of our flower-loving editor. The importance of the remedy not less than gratitude to our friend should realize his hopes from his Washington friends.

"Diet and the Personal Equation" is very likely the correct solution of the problem of panphagism and vegetarianism. The adherent of the latter should not laugh at this and yet grow fat. But to say with Dr. Brodnax that "no sane man could believe in an exclusive vegetable diet" is too much. There are exclusive vegetarians who have a "*mens sana in corpore sano*." Evidence the splendid picture of one the CLINIC's

makers and contributors, if it does him justice, and the CLINIC always does. As to hog-meat and the religiously prescribed dietary of the Jews, their traditions say that in the times of the Messiah, God will restore both the hog and other unclean animals to the Jews' dietary. This is, perhaps, an involuntary anticipation of Peter's vision in Acts x, 9-16.

Dear Editor, please don't blue-pencil the following irrelevant story: A chief and saint of the Khassidian Jewish sect in Russia was said to have turned gentile. His adherents denied it, and claimed that their saint was insane. But the opposing sect said: "No! If he kissed pork and bit a girl he would be so; but since he bites pork and kisses a girl, *ergo* he is sane." And a good vegetarian would agree to this verdict.

"Drug Medication, The Unpopularity of," page 85, by Dr. Waugh, is a long, racily written article. This unpopularity, he says, is secularly a new thing; for religiously, he says, it is as old as the priesthood, which, he affirms, has always opposed the use of rational methods of treating the sick as irreligious. That this should be affirmed so sweepingly, in spite of Ebers' Egyptian discoveries to the contrary, is strange enough. Stranger still is it that an acquaintance with the Bible, which I presuppose in every educated person, should not have taught the doctor different ideas. It would be easy to write an article on Medicine and Diseases in the Bible, and to refute these strange ideas. Let there be a demand for such and even I could supply it. One would have thought the doctor to have written from an animosity against religion generally and Bible religion specially. But he denies such an animosity and professes an "unbounded toleration" for all religions. But as religious, or any other, toleration implies an unpleasant burden to be carried, hence really intolerance, therefore the doctor assures us that he finds in himself "chords

of harmony that vibrate in unison with any true believer in anything." This is more than a Christian can find in himself; *e. g.*, he could not harmonize in unison with the believing caste idolator who rejects the brotherhood of man, who burns his widows and casts his infants to the crocodile; nor with the Mammonist, who filches from the people their substance, and yet believes and says that God has given it to him, and gives a part of it to universities, and churches and missionaries. [And if he does these things from a sense of duty, should we, who admire Abraham's willingness to sacrifice Isaac at the command of God, not recognize the same devotion to what the Hindoo believes to be right? But the getting rid of superfluous children is now said to be relatively no more common in India than in Christendom.—ED. W.] But the doctor was irritated by certain Christian ministers, who by their ill-timed officiousness hindered him in his professional work; and because he finds such officiousness in all times back and personally too, in the falsely so-called Christian scientist, therefore he allows himself to charge up against all religionists opposition to the rational treatment of the sick, and relying upon the irrational expectation of help from the gods, or God. [Not at all.—W.] Well, *pari passu*, I might as well reject all medicine as false, because quacks and charlatans and abortionists practise it also, and hinder the scientific physician in his honest pursuit; or reject astronomy because of false astrology, and so through all sciences. But I must stop. It was painful for me to write even thus far. But the CLINIC being an open forum for all who would write, *sine ira et studio*, I allowed myself thus far, *pro bono lectorum*.

"Eustachian Catheter," page 92, a new and double model, to be introduced through the mouth behind the palatal veil, is the fine achievement of Dr. Cutter, and as an up-to-date therapeutical agent finds properly its place in the CLINIC.

"Malarial Fever, Treatment of," page 90, by Dr. Holladay, is a very useful resume. *In re* quinine and acetanilid he agrees with Dr. Brodnax; but in "Malarial Hematuria," page 119, by Dr. Chenowith, it is maintained that the cases successfully treated without quinine were not malaria at all, which can only be known by finding the plasmodium in the blood microscopically. To this contention the editor agrees. Next in order will be a big laugh by somebody at this amœboid cell bug as an unproved, impractical, etc., etc., theoretical refinement. *Tot homines tot sententiæ*, is true of some other ones than theologians only.

"Neuralgia," page 123, is considered by Dr. Wendell as but another form of nervous rheumatism and gout, all of which came as congeners from the same chief mother evil of acids, uric or lactic, in excess. "The writer takes these grounds in direct opposition to the pet germ theories of that large portion of the medical fraternity, whose displeasure and anathemas he risks himself to incur." But he ought to be assured that no such dire calamity will ever happen to him, at least not from our gentle and tolerant CLINIC fraternity. But be the theories what they may, and "*grau, theurer freund, ist alle theorie*," as Pudel Mephisto said to Pupil Faust, the writer's plan of eliminative treatment is very good, and, if I mistake not, long ago accepted. An exception might possibly be made in certain pure neuralgias which demand the radical elimination of the painful nerve itself, and an exception, too, as the editor says, of morphine. And even in rheumatism it may not be wrong to remember old Watson's "best cure, six weeks and Dover's powder," in which remedy the opium fiend is somehow kept in check.

"Notes," page 106. All right, but page 110, left column, last section. Here I must either give it up, or say plainly thus: A sectarian Eclectic who elects to practise electricity has the right and calls himself

an Eclectic. The verbal formation is on the same profound linguistic principle to be seen in electrocution, the compounding former of which should be made to take his own medicine.

"Pneumonia," a case of double pleuro is reported by X, page 125. The question turns here about the veratrine administered. Was it too much or altogether superfluous? To what laity does the editor refer? [As relates to the medical profession.—ED.] I suppose it has to stand here for an un-to-be-known quantity or quality.

"Pneumonia," page 130, is an excellently reported case by Dr. Elms, especially as to auscultation and percussion, which bore out the doctor's diagnosis of double pneumonia in the stage of resolution, and œdema on the left side. The doctor's remedies proved successful; those that are alkalometric I know, but Antiphlogistine I do not; and to this he ascribes the success mostly, yet he don't tell us what it is. As to silica as an anti-suppurative remedy, such good homœopathic authorities as Lutze, of Germany, and Hughes, of England, confidently recommending it, there must be something in it worth trying. True, it is "totally insoluble," as the editor says, but if it does good, then "there is more in heaven and earth," etc., etc.

"Rheumatism," the pains of which our friend Dr. Abbott knows well from personal experience, he hints, page 102, to be successfully relieved with ice. Will this do the same service in that gnawing, boring, teasing pain of chronic muscular and aponeurotic rheumatism?

"Ringworm," page 117, which Dr. Pegram puts as synonymous with tetter (hereabouts they call eczema tetter) of a very chronic nature, he is relieved from by Nuclein and strychnine internally and a recommendable salve externally.

"Something for Nothing," page 75, is one of those enjoyable non-medical papers

with which the facile pen of our editor regales our medicine-overcrowded heads. He hits tellingly, and incidentally hit me and others here, by jocosely saying that my grand-ancestor Jacob bilked my grand-uncle Esau. Now in the name of all his large surviving posterity the world over, I deny this accusation. Whatever the faults of this our grand-ancestor were, a bilk he never was; and I deny that he ever cheated or defrauded his rough brother Esau of anything that had the least commercial value; and whatever there was in it, grand-uncle Esau utterly and totally despised it, and would have thrown it away to any of his Canaanitish chums for the asking. [Charge withdrawn.—ED.] And I can prove this from the only document in which the story is told.

"State Control of Medical Practice; Is It Popular," page 77, is a very justly pointed editorial against Dr. Lyman's ideas of *laissez faire*. Great men are apt to make great mistakes; but, thank God, only once in a while. When the great Bismarck made the great mistake of his life in driving out the Jesuits from Germany by law in 1872, he sarcastically said to his opponents: "Of one thing be sure, we shall not go to Canossa," referring to the shameful submission of Henry IV of Germany to Pope Gregory VII at that place in 1077. Those words became winged at that time and flew throughout the civilized world. The writer of these lines saw and declared them the great man's great mistake. And when in later times Germany needed and sought the friendship of the Roman Pontiff, I said: "To Canossa you don't go, but to the Vatican you fly by telegraph and railroad. "History teaches, from which great men should learn not to commit those great mistakes by which humanity must suffer.

"Tampons," page 129, 130, Dr. Brodnax rejects almost wholly, unless you change them every five or six hours. Well, do so if you can, and if you can't see your patient

that soon, then saturate them with some antiseptic. But tampons are very useful. Doctor, is not that 50 per cent solution of subsulphate of iron rather too strong? Or will it not make a crumbly crust just because the solution is so strong, and the bleeding begin again? I have known it to do so.

"Therapeutics vs. Surgery," page 73, an article quoted from the excellent *Medical Council*, contains much truth forcibly put. That "the surgeon has been designated as the physician who can use his hands," I find etymologically correct, and morally proper, too, if you emphasize the word physician; for the surgeon who uses his hands only and is not physician enough to use his brains is a mere bungler.

"Tobacco: When It Does and When It Does Not Affect the Nervous System," is quoted on page 78. I know that the first thing a protobacconist feels when he is not perfectly well is that he has no desire for the weed, and when convalescing, too, the first thing he desires is a smoke, and not so soon a chew.

"Tuberculosis," page 94, by Dr. Cuzner, is a splendid and solid article. No matter if it is "text-bookish," as the editor well says, for so much the better will we turn to it as to a text-book whose texture is fine and enduring and has no shoddy in it. Thank you, Doctor, and thank you, Editors, for giving us such helpful and hopeful up-to-date articles.

E. M. EPSTEIN, M. D.

West Liberty, W. Va.

#### GIVING AND RECEIVING.

*Editor Alkaloidal Clinic:*—The pink wrapper comes warning me that my subscription to the ALKALOIDAL CLINIC has expired and I must send another dollar for the year 1898. How cheerfully I forward it; because I cannot do without the CLINIC and I know it costs a great deal to produce such a journal each month.

I have been reading the CLINIC and using the "little giants" now for three years, and my continuing them is evidence of the satisfaction they are giving me. True, I have had nothing to say so far through the CLINIC, because it has taken all my spare time to read the good things in it each month.

M. L. McALILLY, M. D.

St. Jacob, Ill.

—:O:—

We are glad you like the CLINIC, Doctor, and thank you for your renewal; but do be a partaker, only—not always.—ED.

#### NUCLEIN IN PHTHISIS.

*Editor Alkaloidal Clinic:*—1. A fifteen-year-old girl had measles in February 1896, with cough and rapid heart-action. Had little effective treatment till July, when she was unable to walk on account of debility; bowels inactive; right lung consolidated in apex; temperature from 100.5° to 102.5°; appetite poor.

Treatment: Rest in bed with daily lavage of bowels for first three weeks; Nuclein hypodermically (8 m.) twice daily; Dositmetric trinity No. 1, ten daily, with Waugh's Laxative.

I kept up this treatment till normal temperature had been resumed for one month, when the girl had gained twenty pounds in flesh, with her former elasticity of step and spirits, the consolidation of lung disappeared and cough entirely gone. Time of treatment four months. No microscopical examination of sputa was made.

2. Tuberculosis of lungs; man, twenty-eight years of age.

Diagnosis was made by microscopic and physical examination. This patient was an able-bodied man and during the treatment followed an active out-door life—rain or shine.

His family history is decidedly tuberculous. He was a hearty eater and maintained his weight. He coughed for fifteen min-

utes every morning for the first five months of treatment.

On beginning treatment his temperature was usually below normal in the morning, but reached 102.5° to 103° afternoons. This continued for six months, overwork or a "cold" always increasing the temperature till it became normal. I used the same treatment as for the first case, except the laxative.

Continued treatment for eight months, till I found I was \$100 behind and had to stop. There was a small cavity in the apex of either lung and a quantity of loose mucus and debris evident at time of cessation of treatment, but no fever.

The fellow is looking for a manual labor job now and promises to square up next April—one year from cessation of my treatment.

Nuclein evidently counteracts the effects of atropine in the human system—because a patient who uses atropine seems to have no benefit from Nuclein and *vice versa*. Nuclein is good in the treatment of tonsillitis and can be relied on alone.

Query: Why not demonstrate that Nuclein is the effective part of antitoxin and the several serums?

J. BURKE, M. D.

Appleton, Wis.

—:O:—

Put a peg there. This idea is going to grow.—ED.

#### SCARLET FEVER.

*Editor Alkaloidal Clinic:*—A girl was taken with scarlet fever, carried by her father, who had been preaching where this disease prevailed. I gave her aconitine, ten; Nuclein (Aulde) tablets, fifteen; water, twenty-four teaspoonfuls; a teaspoonful every hour. The fever began to fall at once, and the rash came out nicely. Carbolic ointment was applied to the skin, to check the itching and prevent the contagion.



In three days the rash was fading. I gave sticta and ipecac for the cough, and dismissed the case. No contagion occurred. The case started as a severe one, with high fever and angina; and its subsequent mildness I attribute to the Nuclein (Aulde). I never saw so bad a case subdued so quickly before.

S. J. SMITH, M. D.

Charlotte, N. Y.

:0:—

In applying carbolic acid to large surfaces the danger of absorption must not be forgotten. Darkening of the urine calls for the instant removal of the acid.—Ed.

#### TENN. SULPHIDES, OR BLAST-FURNACE SLAG.

*Editor Alkaloidal Clinic:*—Slag, or as we propose to term it, Tenn. Sulphides, results from the smelting of iron ore which, as found here, contains iron, silica, sulphur, phosphorus, manganese, chloride of silver and aluminum. The coal used contains carbon, sulphur, phosphorus, soda, potash and ammonia. The flux



W. H. BURGESS.

used is dolomite, or magnesian limestone, containing also traces of silver, aluminum and silica. Chemically it is just what the above proposed name indicates, taken in a local sense, or if the final *n* is dropped from Tenn. it may be taken in a numerical sense. By analysis at the CLINIC laboratory it is a sulphide of calcium, iron and magnesium, neutral to litmus test.

It is prepared for medical use by making a solution of from ten to fifty grains of powdered sulphides to sixteen ounces of water. The soluble parts are dissolved in a few minutes, giving the water a decided mineral taste, different from any other. It is then filtered or carefully decanted, and the clear solution only is used in the dose of one teaspoonful, three to twelve times,

or more, daily, as may be required; keeping in view Dr. Burggræve's rule: "Chronic treatment for chronic cases."

The powder is not used in substance, as it is vitreous. The effects are antiseptic and tonic; some other less apparent effects have been noticed. The alimentary canal is rendered aseptic within twelve hours.

It seems to be a specific for certain conditions, such as typhoid and other continued fevers, catarrhal affections of the alimentary canal, skin eruptions, fever blisters, inflammations; and it seems to be of benefit in night-sweats, liver troubles, colds, gravel, mumps, diabetes and rheumatism.

The frequent snuffing of the solution from the hand gives instant relief in nasal catarrh. The solution made with sweet milk instead of water is a soothing and healing application, perhaps not equal to Bovinine, though the former was tried on a burn and that excellent preparation could not have given better results. In the pain of influenza Tenn. sulphides gave speedy and complete relief within eight or ten hours. Snuffing the milk solution cured, in five minutes, an acute pain in the side, which had persisted for two days. I explained to the patient that the nasal nerves connect with the brain-centers which influence or control the various vital organs, which explanation seemed satisfactory to us both.

Magnesium phosphorus is the Biochemic remedy for some kinds of severe pain, and slag seems to contain this salt, judging from the effects. Silica is the remedy for sores and ulcers, and slag contains silica. Silver and black chicken-feathers are what the farmers on the Roanoke River use for distemper. Slag must contain the silver of this famous remedy, and though analysis failed to credit it with the feathers, yet I consider it a most valuable remedy whose place cannot be filled as well by any other known drug. I would not be understood as classing the un-

scientific with the scientific, further than that the scientific part of each may stand together, for Biochemistry has its feathers which are better left out.

About four years ago, I cured a melanoma with calcium sulphide, and it has not returned. The same treatment though beneficial, did not succeed in all malignant tumors. I have an idea that Tenn. sulphides will succeed, though yet to be tried.

My friend Dr. Brodnax writes that, "In the so-called anemia of the overgrown girl, Tenn. sulphides works like a charm, seems to tone up the general system, and relieves the headaches preceding menstruation in these cases. In one case I was very much pleased to find the first appearance of menstruation in a fourteen year old girl, come on with very little pain. She had for several months suffered with periodic headache and the other ills that accompany the function in such cases." He also reports a case of bowel trouble cured with the sulphides in twenty-four hours, and adds that he never uses any drug in such a case that gave quite so satisfactory a result.

Dr. E. M. Holland, of Colfax, Iowa, conceived the idea that as Tenn. sulphides was antiseptic and tonic it would be the rational remedy in typhoid conditions. I have used it according to his plan, aborting a case of continued fever within three days.

Dr. Holland reports for the CLINIC: "I was supplied with a sample of slag at the time I was in the midst of a run of typhoid fever. I used it in about eight cases, while at the same time I had other cases in which I did not use it. In all the cases in which I used the slag—twenty grains to water sixteen ounces, teaspoonful doses every hour for one or two days, then every two or three hours—the tongue did not become dry, no accumulation occurred on the teeth, and the discharges from the bowels became more natural and

less offensive until recovery. The slag was continued from three to eight days. The other cases in which slag was not used ran about the usual course, with one death. Several well-marked cases seen in the incipency of the disease were cured in from three to five days with slag alone. My experience with this drug has not been very extensive, but it has been sufficient to set me to thinking on these lines."

All the experiments with this mineral have been made during the present year, 1897, and the foregoing comprises the principal part of what is known in regard to it.

DR. WM. H. BURGESS.

Avondale, Tenn.

#### AMENORRHEA WITH NEPHRITIS.

*Editor Alkaloidal Clinic:*—Referring to my case of "Amenorrhea with Nephritis," on page 477, August CLINIC, I wish to say



that the patient is now apparently quite well; no albumen, no blood, and no pain or discomfort of any sort. She menstruates regularly every twenty-eight days and enjoys life as only

J. F. CHERRINGTON, a Missouri girl can. Before the albumen finally disappeared I resorted to glonoin and arbutin, with tonics. For the last few months my prescription has been a granule each of glonoin and Nuclein (Aulde), two each of strychnine sulphate, gr. 1-134, digitalin, gr. 1-67 and sulphur laxative (Buckley); three each of iron phosphate, gr. 1-6, and arbutin, gr. 1-67, in capsule, every three hours. I obtained the idea of using glonoin from the CLINIC and the granules from the A. A. Co., from which sources all good things in drugs and their uses come.

I wish to call the CLINIC brotherhood's attention to your brief suggestions as to the

treatment of coughs and colds. I have tried them fully and found them not wanting.

I also report on the use of hyoscyamine in spasms and glonoin in chills. A young lady was brought to my office in a hard chill, very nervous, with spasms of the hands and arms, and dyspnea from globus hystericus. I gave her three granules of hyoscyamine, gr. 1-1000, and two of glonoin, gr. 1-250; applied heat to the feet, hands and arms, with friction, and continued the two named drugs, a granule of each every twenty minutes. In less than two hours the patient was herself again.

I have also given atropine and glonoin successfully in hemorrhages from the stomach, kidneys and urethra, and in menorrhagia and metrorrhagia. But space will not permit me to say the good things I find in the alkaloids in many, many more instances.

J. F. CHERRINGTON, M. D.  
Chillicothe, Mo.

—:O:—

Our congratulations to the Missouri girl. We hope she realizes what she has escaped, and gives the doctor the credit he deserves.—ED.

#### STRYCHNINE ARSENIATE FOR THE AGED.

*Editor Alkaloidal Clinic* :—The enthusiastic commendation of strychnine arseniate as a vital incitant by Dr. Burggræve is quite noticeable in his writings. He calls it "vegetable electricity" and reduces to the minimum the danger from its use by the Dosimetric method.

He says that he has "for years taken at bed-time, four granules of arseniate of strychnine (two milligrammes and often in doses of three milligrammes), and three of aconitine (1 1-2 milligrammes) and three of digitalin (three milligrammes) and has never experienced the slightest untoward effect from their use;" on the con-

trary, in spite of an unusually active life, he owes to their continuous use a vital resistance rare in one of his age—eighty-five—with none of the decrepitude of old age.

There is no doubt as to the value of strychnine arseniate; but I should like your opinion as to dosage and to the advisability of its use, as above, in the case of persons well along in years, and feeling the wear and tear of life.

J. H. BLAISDELL, M. D.  
Monterey, California.

—:O:—

Burggræve is none too enthusiastic in his commendation of strychnine arseniate as a vital incitant. It is just what he says it is. Its combination with digitalin and aconitine, as he suggested, is first-class. I have been accustomed to take and prescribe for "tired feelings" three granules of the Dosimetric trinity as prescribed by Burggræve. Three of them contain the equivalent of three granules each of strychnine arseniate, digitalin and aconitine, and if more strychnine is required, as it usually is, this can readily be added.

A milligramme being for all practical purposes one sixty-seventh of a grain, a little figuring will readily demonstrate that the dosage is not excessive. The idea is to produce the combined physical effect of the medicines.—ED.

#### MASTITIS.

*Editor Alkaloidal Clinic* :—I have just completed a perusal of the CLINIC, and pronounce it the most practical of medical journals. The prompt and able responses of the editor to those who appeal for help and his timely comments on each article not only prove him to be master of his profession, but place the CLINIC on the top shelf of journalism.

For mastitis I use fluid extract of *pytolacca*. Apply to the breast with gentle kneading, for five minutes, and give the same in fifteen-drop doses three times a day.

For me this has never failed to check inflammation and prevent suppuration. I am just beginning to use alkaloidal granules and hope to find in them "the best safe-guard for the ills of life."

J. H. JOHNSON, M. D.

Hudson, Ind. Ter.

—O:—

When there is congestion give aconitine. A granule of this, with two of phytolaccin, every half to one hour, will soon quell the threatened mastitis. Apply a strong decoction of the fresh root whenever it can be obtained, as the fluid extract may be inert. —ED.

#### APPENDICITIS.

*Editor Alkaloidal Clinic:*—Apropos of the discussion concerning appendicitis which went on in the CLINIC last year, I



C. E. IDE.

would like to report a true case of that disease which was certainly atypical in many of its aspects. The Rev. J. H. N., aged twenty-two; a stout, solidly-built man, who has always taken good care of himself; he had participated in foot-ball and other athletic sports while in college. Family and personal history negative, up to six years ago, when he passed through typhoid fever; did not fully recover for some time; not long afterward had acute appendicitis, diagnosed and treated medically by an able physician. Two years later another attack of appendicitis occurred which was treated in the same manner. A consultation was held and operation advised against. Again he recovered. From this time on the man was always conscious that he had an appendix. In driving about on his circuit, he always experienced a dragging pain in the right hypogastrium.

He came to me in September complaining of great uneasiness and occasional

severe pain in this region; the jarring of walking hurt him; he had constipation and general malaise. He thought he had "taken cold all over," because a physician had informed him that he merely had a "belly-ache," and was unnecessarily alarmed. The pressure of his clothing hurt his abdomen. He could lie with his lower limbs out straight; but when I came to examine him the muscles over the right hypogastrium were very tense and hard, and this side of the abdomen showed distinct swelling. There was dullness on percussion over the appendix, and pressure over McBurney's point produced excruciating pain. Calomel was ordered in small doses frequently repeated, and magnesium sulphate when there were indications of the bowels moving.

The bowels moved freely and the next day examination per rectum revealed tumefaction in the region of the appendix. This indicated inflammation with its products, perhaps pus. He was kept in bed and an ice-bag, hyoscyamine and strychnine ordered. A succession of chills occurred.

This was the third attack—or rather a subacute exacerbation of a chronic condition following two acute attacks. There was absolutely no fever, and the pulse was not quickened. The boy had a cachectic look, the skin being sallow and "drawn," the eyes sunken. In fact, he exhibited signs of toxemia.

The diagnosis of subacute appendicitis with the probability of appendiceal abscess was made, and the young man advised to get home as soon as possible. There were no facilities for operation or nursing there. The night before we started for his home, a few small doses (gr. 1-12) of morphine were given to quiet anxiety and pain. It was evident that the best of care and immediate operation were necessary. I left him under the care of his father's physician, who sent him in a day or so to Jefferson College Hospital, Philadelphia, in spite of the procedure being

advised against by another physician in consultation.

Here he was, of course, under good care and constant watching. His temperature went up and the pain became more severe. It was several days before he was operated on and a few days later I visited him. Prof. Keen kindly gave me the following details: He had operated and found the appendix as large as his thumb, doubled on itself in the shape of a V, and so bound down by adhesions that the operation occupied one hour and a half. No pus was found, but the boy was assured that he had constantly been within a few hours of death, until the offending member was removed.

Recovery was uneventful except for the breaking out of a profuse crop of boils on the face, neck and shoulders.

The points of special note in this case are these:

1. The young man was in a serious condition, his face and manner made this evident, yet the local physician did not take the trouble to have him undress and give him a careful examination.

2. This appendicitis was probably typhoid in origin, caused by the bacillus of Eberth, following close on an attack of typhoid fever.

3. After the second acute attack there were constantly present symptoms of the chronic process which was going on.

4. The condition was accompanied by constipation.

5. The limbs could be straightened out without increasing severity of symptoms.

6. After thorough emptying of the bowels, a tumor could be felt in the region of the appendix, *per rectum*.

7. Although no pus was found, the absorption of toxins, the products of bacteria, caused chills.

8. There was no fever and no increase in pulse rate.

C. E. IDE, M. D.

Chicago, Ill.

#### GROPING FOR LIGHT.

*Editor Alkaloidal Clinic:*—You ask what I think of Alkaloidal Medication: Frankly, Doctor, I'm undecided. I have read your journal for a year, had our druggist keep a supply of your principal products in stock, and about the time I've been ready to say "they're just the thing," either from substitution or some other cause I do not get the results expected. Then I feel like cursing alkaloids, druggists, nurses, etc., and falling back on tinctures, fluid-extracts, etc.

The Anodyne for Infants, Waugh's Laxative and Buckley's Uterine Tonic have never failed to give the best results. Had one patient who said she took fifty of the Sulphur Comp. without any movement of the bowels, and with another the "Hepatic Tablets" passed in the stools still in tablet form. That has always been my objection to tablets. Sometimes from some cause they will not dissolve in the stomach and bowels. Taken altogether I'm "stuck" on the idea of alkaloids in the treatment of disease, when given intelligently and after a thorough and careful examination of the patient.

ELLIS FLEMING, M. D.

Woodland, Ia.

—:O:—

We are glad to have you tell us frankly what you think of alkaloidal medication and your experience with the same.

Good results in the use of alkaloids are universal, if we can judge rightly from the reports that come to us day by day. If you have not had such we feel that you are right in laying it to substitution or some cause beyond our control. By far the best results are obtained when a physician purchases direct from us and dispenses his own medicines. If you do this you know what you have got, what your patient receives and can expect to find the desired results produced.

We have given many "Eclectic Hepatics" and never had them fail. You had better



give oxgall with them to that patient. Sulphur in small doses will not move impacted feces. Give castor oil or enemas to empty the bowel. First study the "method" well, then apply your own clinical observations to the selection of your weapons, and you will hit the mark. —ED.

#### PRECOCITY.

Dr. E. S. Cox, of Galveston, Tex., describes the case of a boy two and a-half years old, who exhibits remarkable sexual proclivities. He has been circumcised without apparent benefit. It might be worth while to look for seat-worms, stricture, tight sphincter, constipation, etc., as possible sources of irritation; also to inquire a little into his family history.

#### DIET AND LONGEVITY.

*Editor Alkaloidal Clinic:*—Dr. Epstein's review of my article was read with a smile. He evidently does not admire the Hin-



H. S. BREWER.

doos, but cites the meat-eating European as a promulgator of humanity and civilization.

The history of meat-eating nations does not indicate much humanity. See Julian Hawthorne's articles in *Cosmopolitan*.

Read the cruelties of the Hebrews towards their neighbors, the Philistines. I deny that the cause of humanity is advanced in Cuba by Weyler, the meat-eating Spaniard. The lion and tiger, altho' magnificent in their strength, are not animals that we care to fondle and caress.

Meat as an article of diet produces heat; people who confine their diet to meat have higher temperatures; higher temperatures consume the vital principle that prolongs life; the veins and arteries in meat-eaters are gorged, dilated, and fever is most always present. Meat-eaters, to be sure,

are always great fighters and the man who whips his wife and abuses his children will always be found to be a meat-eater.

Apoplexy, heart-failure, is not characteristic of the vegetarian; but you never saw a case but that meat-eating played a prominent part in it.

It is certainly a suggestive fact that the first frosts of October put an end to the ravages of a number of contagious diseases and that the infantile mortality of our big cities rises and sinks with the fluctuations of the thermometer. It has been ascertained that phthisis can be cured in the frosty heights of the Sierra Nevada mountains far more easily than in the tropic lowlands, and that not December but July is the month *par excellence* of suicides.

Cold air checks the progress of decay, thus facilitating the preservation of countless organic substances. I sometimes think that refrigeration rather than heat is the secret of longevity. Meat produces heat, heat induces decay; without meat, and man might attain to great age be and young and supple as in youth; no stiff joints or uric acid to rheumatize him.

It is our over-heated houses and meat diet that are enriching the undertaker and consuming innumerable evils to the sons of men. They also create a thirst which is abnormal and makes necessary the saloon, the divorce court and the gibbet.

All rapists are meat-eaters. All seducers are meat-eaters. And hell is jam-up full of sausage swigglers. Christ knew what he was doing when he sent the devils into the hogs and the hogs went into the sea and were drowned. What a pity he did not destroy the whole pig family. An advocate of meat says that he also turned water into wine and I must agree that wine is a greater evil than meat. I don't agree to that; and as for turning water into wine, why I water my whiskey always when I drink any, and if more water was turned in that direction it would be better for humanity. But I don't think I can reform my

readers or convert them into vegetarians, so I will ring down the curtain on the subject, and let some other lover of humanity try his hand. I am right however when I say meat is the secret and cause of death.

Chicago, Ill. H. S. BREWER, M. D.

#### TYPHOID FEVER.

*Editor Alkaloidal Clinic:*—When the diagnosis has been made the patient should be put to bed, and ten grains of calomel given, with an equal dose of soda. If the stomach is not irritable and constipation is present, divide two grains of comp. ext. colocynth in ten powders and give one every hour until the bowels



act. Follow with salts or castor oil if necessary. At the same time mix ten granules each of aconitine and digitalin in four ounces of water; or, if the pulse is strong, quick and corded, and the fever high, five granules each of veratrine and gelseminine. Give a teaspoonful every half hour until the fever falls, then less often.

When the bowels have acted, dissolve thirty grains of zinc sulphocarbolate and eight granules of strychnine arsenfate, gr. 1-134, in four ounces of water. Substitute the sodium salt for the zinc if constipation persists; but in any event repeat the calomel and soda every other day, so as to secure one or two daily movements. This relieves diarrhea and prevents hemorrhage.

Diarrhea may be restrained by enemas of boiled water with a teaspoonful of salt to each quart. The water may be cooler if there is much fever; but in low states the water should be as hot as can be borne. For tenderness or tympanites apply very hot poultices to the abdomen, or turpentine and lard. Periodical fever requires small doses of quinine. I sometime use sponge baths.

Sanitation and antisepsis are so well understood that they hardly require mention. Delirium and hemorrhage will not occur under this treatment. I have employed it for thirteen years and lost but one case, that death being due to the neglect of the nurse.

A. B. REAGAN, M. D.

Mint, Tenn.

—:O:—

Dr. Reagan relies upon intestinal antiseptics, as produced by purgation and small doses of sulphocarbolate, and keeps the fever down with the alkaloids. But he would do better were he to drop the purges after the first dose and give the sulphocarbolates more freely.—ED.

#### W-A INTESTINAL ANTISEPTICS.

*Editor Alkaloidal Clinic:*—I tried your intestinal antiseptic tablets in three cases with good results. I do not praise as extravagantly as others, but I endorse their use as being *one* of the best combinations of the kind, and well worthy a prominent place in every physician's outfit.

Case 1. L. L., 17 months old; cutting "stomach teeth"; bowels very irregular, constipated; urine never twice alike; no appetite; food whenever taken mostly vomited but what did pass was undigested; restless, cranky, no quiet sleep; eyes dull and lifeless; pulse rapid and "stringy"; fever of hectic type and very intermittent.

Previous history: Another physician some months before diagnosed catarrh of stomach. Teething coming on made it worse, dangerously ill without much hope of life. Mother after telling me this added: "Lucile has been so weakly from birth, and just six months suffering as you now see her. I never expect to see her alive next year."

With such a patient on hand I put on my "considering cap," and for the first gave five grains calomel and magnesia per dose, and rested until I had received some tablets from you. Discharges were fetid.

I placed her on the following as soon as

I could: Nuclein (Aulde) tablets, six; W-A Intestinal Antiseptic tablets, four; caramel, cinnamon water and syrup to make two ounces. Direct: A teaspoonful four times a day. I confess I did not expect much benefit. This mixture lasted over five days, as it was not finished at my visit five days later.

"How's Baby?"—"Better." I could hardly believe it. Sleeps better, can eat better, food appears to digest. I again resorted to another dose, giving Nuclein, eight; Antiseptic, six. Yesterday, twelve days from commencement, her father told me that "she sleeps now very well at night and is playing about. We never expected to see our baby as well as she appears now."

Case 2. Mrs. R., mother of five children; baby, not weaned, over eighteen months old, complains of lassitude, constant pain in back, great pain in pit of stomach, indigestion with amount of flatus; hysterical; bowels constipated; insomnia. This state continued for months; tried different kinds of remedies without relief.

I gave her hyoscyamine pellets for insomnia; strychnine and arseniates with Nuclein (Aulde) and Antiseptic tablets dissolved in hot water one half hour after eating. At last visit she says (after ten days above treatment) her bowels move naturally every day, she sleeps better, has not so much distress in stomach, wind does not come up so often after eating nor taste so bad; altogether much improved.

You request me to give you one or two extracts from my note book. I do so and hope they may be worthy of your notice.

E. J. PRING, M. D.

Catskill, New Mexico.

—:O:—

Dr. Pring's notes are valuable and capitally expressed; if he would only write with a pen, and not with a burnt match dipped in apple-butter. A long-felt want is a type-writer for physicians' use, whose employment would be obligatory on every graduate.—ED.

## PNEUMONIA.

*Editor Alkaloidal Clinic*:—Ten years ago the Metric Granule Co., of Chicago, introduced its remedies and sold a few

pocket-cases to physicians in St. Paul and Minneapolis, and among them was your humble servant.



The case was filled with about forty vials of granules; it was beautiful, and

D. R. GREENLEE. was estimated to contain a large amount of medicine in a small space.

The writer commenced dealing out some of the remedies cautiously, in fact he was a little afraid of the little dynamites, having no literature to guide him; and another drawback was that patients and friends asked the question, "Are you a Homœopath? Naw! what are you taking me for? Get out!"

The editor of the CLINIC over two years ago called my attention to the virtues and advantages of the alkaloids, and furnished me with some literature. The ALKALOIDAL CLINIC was subscribed for, Shaller's Guide purchased, also the associate editor's book, and the work went on without a hitch; and I must say it is easy when you know how, and what to expect is a certainty.

The Defervescent Co. No. 1 will have the desired effect, especially in rheumatism, diphtheria, and pneumonia.

With your permission I herewith report three cases of pneumonia treated exclusively with the alkaloids. I was called to see three children in one family—aged 9, 6 and 4 years respectively—their symptoms as near alike as three peas; temperature 105°; respiration 40; grunting nearly every breath; pain in coughing; cheeks flushed with peculiar purple color as is often seen.

A cotton batting jacket was ordered at once;  $\frac{1}{8}$  grain of calomel every three hours until bowels acted and the following: Ten

granules Defervescent Comp. No 1; emetine, 10; water, three ounces. Direct: Teaspoonful every thirty minutes. This was for the oldest, and in the same proportions according to age, as directed by Shaller's Guide, for the youngest. Next day, fever down to 102°; skin moist, less pain, and cough modified; fever mixture was given less frequently as fever continued to abate. Third visit found temperature 99°; one was normal. Withdrew defervescent mixture and gave them strychnine arseniate, a granule every three hours, and one of Nuclein (Aulde) three times a day. Upon my fourth visit, five days after, they were improving rapidly. This was all the treatment they received and they made a most speedy recovery.

This must be jugulation of a formidable disease, as unknown a few years ago and not believed very much now.

It is expected that if this report comes to the view of Brother Epstein he will cock his eye, and say: "Who's that? Who dares accept the challenge of a Philistine Chief?"

DAVID R. GREENLEE, M. D.

Minnehaha, Minn.

#### DIPHTHERIA AND CROUP.

*Editor Alkaloidal Clinic* :—I have treated seven cases of diphtheria, with two deaths, and five cases of croup, successfully.

My treatment for diphtheria has been: Antitoxin hypodermically, Loeffler's solution locally by swab, frequent sprays of Marchand's peroxide and Euformal, and internally for effect, calcium sulphide, strychnine arseniate and Nuclein (Aulde).

I am satisfied that the treatment was on the right line, as all the cases were of a most serious malignant type, and all recovered that were not moribund before treatment. So promptly did the cases respond to the treatment that it was a pleasure to watch the rapid improvement in every way.

My croup cases were all treated "a la

Dr. Case," and all except one yielded most happily to his calcium iodide and calomel treatment. This treatment is certainly worthy of further clinical application. My rebellious case of laryngeal croup was so critical that intubation or tracheotomy was about to be performed; but relief came at the eleventh hour after emetics, hot mustard baths and fomentations, steam and vinegar inhalations, and aconitine and the calcium iodide had all been fearlessly pushed. The case made a good and speedy recovery, and I still believe Dr. Case's Samson was the dominant element in the successful issue.

Score five points more for Dr. Case and bear the good tidings to him.

H. A. CASTLE, M. D.

Pocatello, Idaho.

#### SELF-ABUSE AND POLYURIA CURED BY NUCLEIN.

*Editor Alkaloidal Clinic* :—A youth of eighteen consulted me. The testes and cords were congested and tender, the contraction of the latter causing great pain in the testes; the scrotum varicose; kidneys congested; urine sixty to eighty ounces daily, s. g. 1,000, very acid, no sugar or albumen; pulse, 100; temperature, 98.8°; chest contracted; hawk-bill finger nails; curved front teeth; general appearance of tubercular diathesis.

I took him to my house, applied suspensory, ordered hot sitz baths thrice daily, followed by warm hamamelis to the scrotum, and chloroform liniment to the spine.

I gave Calolactose, gr. ij, half an hour before meals with water, bromides an hour after meals; rich diet, especially beans, at every meal, as I regard them as the best diet for diabetics.

In three days the pulse fell to 60. Seeing that I must build up the vitality I gave a tablet of Nuclein (Aulde) every two hours. A marked change was apparent from the beginning of the Nuclein. The tem-

perature rose to normal, the urine fell over fifty per cent, the congestion was relieved and his mental depression much ameliorated.

In fifteen days I sent him home, cured of tobacco, coffee and self-abuse, his diabetes much better. I know that this happy result is due to moral influences and Nuclein.

L. D. COLLINS, M. D.

Sterling City, Texas.

—O:—

The use of Nuclein is a legitimate resource in such cases, but much harm is done by bromides, and some by strychnine.—ED.

#### HE IS DOLICHOCEPHALIC.

*Editor Alkaloidal Clinic*:—I have been not only a subscriber but a constant reader of the CLINIC almost from the first, and have often thought that it was my duty to express the "gratitude I owe."

I have never received a copy that to me was not worth the price of a year's subscription, and the February number is no exception to the rule. It is a store-house filled with good things too numerous to mention.

"Aconitine" in the Miscellaneous Department is especially worthy of notice; no other one drug if properly understood is so generally useful in the diseases of children, but it will never do to prescribe aconite in the old haphazard way.

With the alkaloidal granules of aconitine amor., and a proper understanding of their physiological effect, it is wonderful the good we can do.

Would it not be a good thing to have frequently articles on our every-day drugs similar to the one on aconite? It would refresh our memories and give us many new points of valuable information.

A man may have a good saw; but if he don't know how to keep it in order or how to use it, it will be of no value.

M. R. BANTER, M. D.

Cambridge, Ohio.

#### DROPSY.

*Editor Alkaloidal Clinic*:—A lady, aged twenty-six, mother of three children, the youngest ten weeks old, had been ill for two months. Her dyspnea, pallor, wild expression, compressible intermittent pulse of 130 and legs shining from excessive œdema, showed something radically wrong. Her appeals to me for relief that she might live to care for that infant child were enough to cause the most unsympathetic physician to do his best.

Extensive ascites and pulmonary œdema prevented her from lying down. She had a severe cough and profuse expectoration; temperature, 100°; slept but a few minutes at a time, and her stomach rejected all food; cardiac dullness increased, no valvular lesion; hydropericardium present; urine red, scanty, but not albuminous; deep pressure over lumbar region caused pain; liver tender on pressure; bowels regular; skin inactive; tongue flabby and covered with a dark fur; uterine subinvolution; adnexa normal.

Diagnosis: The absence of marked obstruction to circulation, of valvular lesion or of nephritis, by exclusion caused me to attribute the anasarca to defective tonicity of the vascular walls dependent upon an impoverished state of the blood.

Treatment: To relieve the struggling overtaxed heart, digitalin, gr. 1-67, hourly, together with one of our best cardiac and pulmonary stimulants, and, according to the "Applied Therapeutics" a special heart-food, strychnine arseniate, gr. 1-134, two granules every two hours; to eliminate the accumulated serum and mechanically give pulmonary and cardiac relief, elaterin, gr. 1-67, four granules; and hyoscyamine, gr. 1-250, two granules to combat the vesical tenesmus, every four hours. Cotton tampons saturated with glycerin were periodically applied to the uterus. To rebuild an impoverished blood and to mildly stimulate renal action, Basham's



mixture, a tablespoonful three times daily, after meals, in twenty-four hours secured an amount of relief appreciable to the patient.

Within fourteen days the elaterin and hyoscyamine were dropped from the treatment as they had satisfactorily eliminated the anasarca and overcome vesical tenesmus. The remaining drugs were continued. The case made an uninterrupted recovery. The granules were acceptable to her sensitive stomach. The patient is today well to all intents and purposes and able to care for household duties.

JOHN E. LUZADDER, M. D.

Smithville, Ind.

—:O:—

Doctor, you should have turned to your text-books and found that dropsy depends upon incurable disease; told the patient whether her ailment was in the heart, liver and kidneys, and waited for a post-mortem to prove it. Instead of that you went and cured her, at least for the time. Very nice, but not scientific.—Ed.

#### TETANIFORM SPASMS.

*Editor Alkaloidal Clinic.*—I was called the morning of the 17th to Mr. P—. I found him suffering from tetanus. The neck, back, abdomen and limbs were involved. The tremors had continued two hours, constantly increasing in severity. Of course I got out my bottle of chloroform, likewise my hypodermic of morphine. These were however laid aside for the time and my pocket-case of granules was produced. Here certainly was a test. I dissolved one granule of hyoscyamine, gr. 1-250, in one teaspoonful of water and gave it to the patient *per os*; then I waited. Ten minutes—quieter—fifteen minutes, repeated the dose. Twenty minutes—paroxysm all gone and the spasm which had been so violent as to shake the bed and wrench the patient from head to foot was a thing of the past. I waited one hour, then

left with instructions to repeat the dose hourly until three doses had been taken. Twenty-four hours after the first attack the trouble started to recur, but one dose of hyoscyamine as before stopped it; and now, four days since the first attack, the patient is able to attend to his regular duties.

I have used the Abbott granules three years, but this case has demonstrated the value of the treatment in an emergency more clearly than ever before.

G. V. SANDERSON, M. D.

Chicago, Ill.

—:O:—

Set this case down as something else than tetanus, but all the same give the remedies a trial when you next see a similar case.—Ed.

#### MALARIAL HEMATURIA.

*Editor Alkaloidal Clinic:*—I have just finished reading Dr. Alford on malarial hematuria, and had my first case in five years' practice in this malarial district. Thomas Burse, colored, 13 years old, had on November 8, severe hemorrhage from the kidneys, and again next morning, beginning with a chill. I found the temperature 102°; very



J. D. BROWN.

restless, complaining of his back and headache; bowels constipated.

Treatment (Alkaloidal): Morphine and atropine to quiet restlessness; strychnine, gr. 1-67, quinine arseniate, gr. 1-67, turpentine, gtt. 10, every four hours; aconitine, gr. 1-134, every one half-hour at first, and then every hour according to temperature; large quantities of boiled water to drink; bathed twice a day in warm salt water.

Nov. 10, 3 p. m. Very little fever; back better; not so restless; hemorrhage again that morning; passed a pint. I gave calomel, gr. 1-10, every two hours till bowels moved well; continued treatment with phos-

phate of soda, half a dram every four hours; sulphocarbolate of zinc, gr. two, every two hours, in a glass of boiled water; good nourishing diet.

Nov. 11, 3 p. m. Patient apparently all right, no fever; no more bloody urine, kidneys acted well; cheerful. I left him on strychnine, gr. 1-67, quinine arseniate, gr. 1-67; zinc and phosphate of soda continued, with the salt baths and turpentine, five drops every four hours.

Nov. 16. Passed a little bloody urine early that morning. Continued treatment; increased turpentine to 10 drops. His fever ran up a little that morning but gave way before he left home. The boy was up in three days.

This patient had had malarial remittent fever from July 22 to 29. The family used drinking water from a little creek all the year. The remittent fever had not been followed with anti-malarial treatment and his spleen had continued to enlarge up to his last illness.

The CLINIC has done me more good than any course of lectures I have yet taken, and is the best all-around medical journal I have ever seen.

I think a great deal of salt in malarial hematuria. If I had a uremic coma I would give intravenous injections of salt water, salt water and turpentine by the rectum, and strychnine, aconitine and glonoin or atropine, hypodermatically. I believe quinine a good medicine in its place, but in this disease its irritative action on the kidneys makes against malarial hematuria. Lithium benzoate would be a good addition in this disease.

J. D. BROWN., M. D.

Bennington, I. T.

—:O:—

Dr. Brown shows what can be done with alkaloids, reinforced by turpentine. The oil of erigeron was Agnew's remedy for hematuria, but I am not sure that it offers any advantage over turpentine. In one case I obtained better effects from oil

of eucalyptus, and this seems to disprove the assertion that the effect of all the volatile oils is identical. Whatever the differences may be, the information concerning them to be derived from the text books is very misty indeed.—ED.

#### SCARLET FEVER.

*Editor Alkaloidal Clinic:*—This case may not be exceptional but the happy termination leads me to report it. Margaret, twenty-one months old, was seized with vomiting and high fever, December 28. I directed a cathartic, and gave ten granules of aconitine, strychnine arseniate and digitalin, with bismuth subnitrate. Next morning the vomiting had ceased, but a faint rash appeared on the face, neck and chest. She was very irritable, with high fever. I gave Nuclein (Aulde), the minimum dose, every two hours, with calcium sulphide and sodium salicylate, and the Dosimetric trinity as above stated.

Dec. 30. Fever almost gone; rash very marked, on entire body; dry lips, throat much improved; slept some.

Dec. 31. Slight fever; throat almost well; slept six hours, very hungry, clamoring for food; rash fading.

Jan. 2. Desquamation commencing. She was discharged as well on Jan. 4, and up to Jan. 13 has shown no sign of any sequel. In thirty-one years' practice this is the first case of such severity to terminate so happily in so short a time, with no untoward symptoms.

W. G. M. SEIPLE, M. D.

Lehighton, Pa.

—:O:—

This report is a parallel to many that come to us, and that have been published in the various medical journals of the country during the last four years. You need not be surprised at the results you obtained. Scarlet fever is not now the *bête noire* it used to be to him who has Nuclein in his medicine case.—ED.

## THE FIRST TRIAL.

*Editor Alkaloidal Clinic* :—The pocket-case reached me safely; and to say I am pleased with it does not express the matter at all.

I put it in my pocket and went visiting. An old man had two doctors attending him, who said he must die. I found him delirious with acute pneumonia. I had only that little pocket-case. Now was the time to test your little pills. Well, the old man is out of danger, and I have only used the granules and the Brief Therapeutics. I have used them many times in other cases, and find they give me entire satisfaction.

I am about converted.

DR. J. F. CAMPBELL.

Pine Mountain, Tenn.

—:O:—

No better case could have been chosen as an introduction to alkalometry. Doctor, wouldn't you rather carry a granule-case than a ten-pound pair of saddle-bags?—ED.

## NUCLEIN IN ANEMIA.

*Editor Alkaloidal Clinic* :—Miss E. B., aged 19, excessively anemic, without appetite, and apathetic. Defecation and urination regular; menstruation regular and painless but scanty and light-colored. She had ague several months ago but not recently. Treatment: Arseniates of quinine, iron and strychnine. A week passed and the report came, "All the same; it's no better."

Continued treatment another week; report as above.

Arsenite of copper was substituted for the iron salt. No results.

Arseniate of strychnine, sulphate of quinine and iron pyrophosphate next administered. "All the same."

Directed one tablet of Nuclein (Aulde) four times a day, with iron pyrophosphate after meals. In one week the smiling fa-

ther reported: "It's all right; she eats and is getting red."

This treatment was continued a month and the girl is now robust and healthy. Nuclein seemed to vitalize the tonics, which the system was before unable to assimilate.

MYRON H. C. WEAVER, M. D.

luka, Ill.

—:O:—

This is one of the important functions fulfilled by Nuclein. It is not the iron that goes through the body that benefits, but what remains in it; and Nuclein increases the power of the blood to take up and utilize iron.—ED.

## BIG-DOSE HABIT.

*Editor Alkaloidal Clinic* :—I have decided to continue the CLINIC another year; it is so interesting I cannot well do without it. Your great reviewer, Dr. Epstein, is simply immense.

So far the alkaloidal treatment in my hands has not been a success. I cannot get results with the small doses recommended by Shaller. Especially is this true of aconitine. It fails every time. How anyone can accomplish anything with such infinitesimal doses is past my comprehension. Just think of giving the one-hundredth part of a grain and calling it a proper dose! Great Cæsar! Whither are we drifting? I am not yet educated up to believing that such minute quantities are a sufficient dose.

I am anxious to try the Alkaloidal remedies—if you would put up at least a part of your medicines in much larger doses, I am satisfied you would have many calls for them.

J. H. C., M. D.

—:O:—

If alkaloidal treatment has not been successful in your hands there is something wrong in the method. Good results are universal.

With regard to dosage: The method

of the present day, as taught by all the best workers and teachers, is to administer any remedy in small doses, frequently repeated, until the desired physiological effect is obtained, then to repeat less frequently in order to maintain effect.

If you have not obtained the desired result with small doses it is because you have not studied the method carefully enough to learn just how often the doses are to be repeated. For instance: a granule of aconitine can be repeated every fifteen minutes for four to six doses, and then, the effect having been obtained without weakening the system, less frequently to maintain the effect, whether antipyretic or sedative.

The whole principle of alkaloidal medication in a nutshell is, active principles (because they are accurate and we know what to expect from them), given in small doses, frequently repeated, up to the full physiological effect, and then given frequently enough to maintain effect.

This method cannot be mastered in a moment. It requires study, as you have already learned. Once mastered it is simple enough, because it is so true and unvarying.

It is better to employ a few well-tried remedies which are fully understood than to attempt to use too many. We respectfully suggest that you give this further consideration and study and are sure that you will see it in its true light.—ED.

#### APPRECIATION.

*Editor Alkaloidal Clinic:*—I send you some worthy subscribers to the ALKALOIDAL CLINIC, that leads a timely departure from the deeply-beaten rut of practice, so long the convenient and fashionable pathway of their predecessors, and to a willing aspiration to something higher in the inviting realms of usefulness, certainty and truth.

The ALKALOIDAL CLINIC is certainly the

best-edited medical journal that comes to my office, one that is read with avidity and delight. I find in it an intellectual feast, a fascination editorially thrown over an assemblage of the most practical, instructive, scientific researches, the most recent discoveries of scientific men.

F. E. H. STEGER, A. M., M. D.

Nashville, Tenn.

#### CHRONIC RHEUMATISM.

*Editor Alkaloidal Clinic:*—I have a case of chronic rheumatic arthritis in which I would like your help. I am young yet in



A. C. SHEPARD.

using the granules, but I like them better the more I use them. A man aged twenty-four, married, contracted rheumatism two years ago, is confined to bed; the joints affected are shoulders, elbows, wrists, knees, ankles and some toes; left side worse than the right; unable to straighten limbs or to stand; no fever; appetite capricious; bowels inclined to constipation; kidneys inactive, water loaded with uric acid; quite emaciated. I have sent to your city today for a Betz hot air bath, intending to try that as I see you recommend it in the CLINIC, and would like to ask your treatment to go with it. I have him now on Seidlitz salt, and Anticonstipation granules; strychnine arseniate, gr. 1-134, four every four hours; lithium benzoate, gr. 1-6, two every four hours; Nuclein solution (Aulde), m. 1-12, four every three hours.

Is this in the right direction? If not, kindly tell me what to give, as I would like to cure this case, as I am the only physician around here using the active principles and have had to stand a good deal of ridicule for them; but as long as I can help my patients I don't care for the ridicule and I have helped some where others have failed. I value the CLINIC above all the

other journals I take, and cannot be without it. I would like some time to tell you of a case of adherent prepuce causing convulsions in a child eight months old.

C. A. SHEPARD, M. D.

Leon, N. Y.

—:O:—

Put your patient on one tablet of Nuclein (Aulde), one granule strychnine arseniate, gr. 1-134, one of colchicine and three of lithium benzoate, every two hours, day and night, and compel him to drink at least half a gallon of distilled water every day and as much skimmed milk. This with fruits and occasionally a little bread to be his diet. The Betz bath will do him good wherever you can use it; but unless he will take hold and change the chemical action in his body, he is a "goner." The Seidlitz salt may be dissolved in some of the water early mornings. Most of this water should be drank hot, and half an hour or more before taking food. It is better to drink two or three glasses of water in the course of half an hour and then stop for some hours. This will give the stomach a chance to empty.

Part of this treatment you have already instituted and a slight modification of what you are doing, with the addition of the water, is about all we can offer at this time. If you will write of the case further after a month's faithful trial of the above suggestions, we shall be glad to consult with you.—ED.

#### TRY THE NEW IDEAS.

*Editor Alkaloidal Clinic:*—Enclosed please find P. O. order for \$1.30, for which please send CLINIC for '98 without pink wrapper, also Dr. Abbott's Brief Therapeutics in leather. I have not used granules very extensively as yet, but am feeling my way. After twenty-one years' use of galenicals I am naturally a little timid about adopting the alkaloidal method, but am convinced that it is to be the method sooner or later,

and so am trying to catch on. Waugh's book is as fine as I expected it would be. The CLINIC grows better and better all the time. I sincerely hope its editors may be spared many years to carry on the great work they are now doing. Although I call myself a "Country Doctor" I find with the help received from the CLINIC that I am sometimes able to give points to my city brethren; although my abilities are not of the highest order by any means. The longer I practise, the less I think I know. Have saved one case of membranous croup (laryngeal diphtheria) with dark lime iodide.

F. A. MORRILL, M. D.

Somerset, Mass.

—:O:—

There's the ring of the true metal.—ED.

#### A MODEL LETTER.

*Editor Alkaloidal Clinic:*—Enclosed please find check for \$3.00, for my renewal and two new subscribers to the CLINIC. Of course the delay of renewal was purely neglect, for while practising medicine I could never think of trying to get along without the CLINIC.

Every number is more interesting and valuable. Dr. Aulde's papers alone are worth many times the price of the journal. I wish I could send it to every doctor in southern Illinois, for I am confident it would be the means of saving many lives even during the present year, and still more as the time goes on.

And Prof. Waugh's book "The Treatment of the Sick"! How much I wish every physician had a copy of that matchless work and would follow its instructions. Several times I have intended writing a short opinion of the book; but, like the man whose apples rolled from the rear of his wagon, I could find no words strong enough for the subject. It's magnificent, concise, clear and definite; and covers the subject, "The Treatment of



the Sick," in one moderate volume. Not merely Prof. Waugh's treatment but "The Treatment;" the latest treatment; the treatment by the recognized masters of the profession the world over; the most successful and approved treatment known today. How can any conscientious, busy doctor afford to work without such ready and masterly counsel on his desk, that may be consulted at an hour when in doubt as to what is best to do? I can't understand how; but I know many doctors around me who are denying themselves the great advantages afforded in this book at such moderate cost. They surely are not aware of its great value.

L. H. BUNDY, M. D.

Dongola, Ill.

#### THE WAY TO READ THE CLINIC.

*Editor Alkaloidal Clinic:*—The CLINIC is of such great assistance to me in my daily work that I would subscribe for it gladly if the price was ten dollars instead of one. Every copy I receive seems to come just in the nick of time, for in every issue I find something that seems to hit some particular case that is worrying me. I wish you would double the price and make it a fortnightly journal of the same size, or a weekly journal of half the size. I have derived so much benefit from the CLINIC that I feel under personal obligations to the editors, and I want to see all my medical friends subscribers. I have been a great admirer of Dr. Waugh for the past twelve years, ever since I first subscribed for the *Medical World* and became acquainted with him through its columns, and I am rapidly developing a like admiration for Dr. Abbott. I subscribe for fourteen journals, but of them all the CLINIC and *Medical Council* are the only ones picked up the moment they come in, and are read through from cover to cover before they are laid down again. And the CLINIC especially is laid aside with a sigh of regret that there is

no more of it. I trust that both of our editors may long be spared to coach us in the use of the active principles. The success of the CLINIC, phenomenal as it has been, is well-merited; and you have my best wishes for its continued success and prosperity. I hope to have the pleasure of meeting both of our editors personally in the not-distant future.

J. A. TEASER, M. D.

Gaylord, Mich.

#### EXCELSIOR.

*Editor Alkaloidal Clinic:*—I desire to try the alkaloidal system of treatment, as I find all others unsatisfactory, hoping to find in it, not perfection by any means, but a nearer approach to scientific medication.

The therapeutical application of drugs has been so disappointing to me that I am sometimes tempted to resort to bread pills, *in toto*, and believe thereby my mortality record would not be lengthened in the least.

How much of the medicine administered today would better be cast into the sewer so far as any good to the patient is concerned?

It sounds very pleasant to the ears of the medical student to hear the lecturer depict the physiological action of this and that drug, and reason logically from its physiological to its therapeutical application; but how often, alas! does he find in the earlier years of his practice, to his chagrin and sorrow, that theory and practice do not go hand in hand.

I would not have you think that I am a medical skeptic; nor would I for one moment try to instill skepticism into the mind of the honest devotee of medical science, because there are times and conditions indicating medical treatment where it would be criminal to withhold it. But I venture the assertion that most cases of acute disease that recover, and many chronic ones also, would have recovered just as quickly

and truly if not an atom of medicine had been given.

I dare say that the greatest number of your readers who are close observers can vouch for the truth of that assertion. If any one doubts it let him be bold enough to try it and be convinced.

There is so much of the *post hoc, propter hoc* business in medical observations that many of us follow much that is a delusion. This has been proved in hundreds of instances. The medical field is a fruitful one for delusions.

However, we confidently look forward to the day when with a more profound knowledge of the mysterious forces in the human organism, and a keener perception of the power of drugs over these forces, we shall be able by a nicer discrimination to focus the therapeutical upon the pathological.

Alkaloidal medication I believe to be a step in the right direction.

J. S. DUFF, M. D.

Allegheny, Pa.

—:O:—

Who of us does not feel the truth of these words! Doctor, alkalometry means an appreciation of the pathological condition present and the application of the remedy, if both are known; no guesswork, no "shot-gun." Let us know your results.—ED.

#### WINNING ITS WAY.

*Editor Alkaloidal Clinic*:—I see by the pink wrapper that the year is out. You have supplied a good journal for the past year, for which the doctors ought to be thankful. Your journal calls up thoughts and facts varied, important and withal useful. Behind them there seems to be a wonderful store of knowledge, tact and pressing to the mark, that bespeak for the work honor to its editor and success to the recipients of the CLINIC. No doubt thousands of the sick will by its means be able to call you blessed.

I glean from the pages of the CLINIC a great many good things that I, in my own way, make use of and utilize to the good of others. I use these medicines in my own way. I like them because they are so accurate and nice to prescribe, and when I want a small dose frequently repeated.

J. D. EBERT, M. D.

Dundee, Ind.

#### A HAPPY THOUGHT.

*Editor Alkaloidal Clinic*:—I have adopted the ALKALOIDAL CLINIC as my medical counselor, viz., to do business, collect my fees, and spend my spoils. I find the granules truly wonderful, and am trying to influence my brother M. D.'s to join the alkaloidal ranks. I think a few papers on diagnosis by some of the "leading lights" would be well received by the CLINIC brotherhood. May you have as good a reward as your efforts have been good for the fraternity.

R. D. RAMEY, M. D.

Dayton, Mo.

—:O:—

Such words as these come to us as gleams of light in the midst of the hustle of every-day life. It would be well for every member of the CLINIC family to constitute himself a missionary, to go about among his friends preaching the gospel of alkaloidal medication and enlisting new recruits. He would then be helping us to prosecute our revolution.

It is a lesson of helpfulness in a good cause.—ED.

#### SALT FOR TYPHOID FEVER.

*Editor Alkaloidal Clinic*:—Allow me to whisper through the CLINIC to Dr. Carbaugh, who advises salt for *febris lenta nervosa*, to stop it, and stop it now, before she causes ulceration, disorganization, synechiæ and inflammatory adhesions. Do not think it problematic that the physiological salt solution would give better results; or, better, the "B. B." house solu-

tion of Wills' Eye Hospital, consisting of boric acid, two drachms; sodium borate, four drachms; sodium chloride, two drachms; boiling water, one pint. This is improved by using one-half camphor-water.

The Paris Sanitary Board reported that there was no safe limit at which typhoid material could be deposited without infecting wells or springs; the germ living indefinitely in moist earth, would in time reach the water supply.

The surest destructive agents are cremation, mercuric chloride and the mineral acids.

A. B. BROOKIN, M. D.

Barton, Fla.

—:O:—

Experiments at Johns Hopkins showed that ordinary whitewash was a reliable germicide for typhoid stools. The vessel should not be emptied until the lime has been left with the stools at least one hour.—ED.

#### SEAT-WORMS AND IMPOTENCE—SUGGESTION.

*Editor Alkaloidal Clinic:*—I am more than pleased with the CLINIC, nearly every page of which is valuable.

In "Impotence" I would suggest a rectal examination. I remember several cases where it disclosed the cause of the trouble. In several instances seat-worms were the cause, upon removal of which the patient recovered.

Mr. B., aged thirty-five, married, three children, farmer, good habits, seriously ill; no history of specific disease, had good health until six months before, when he began to have frequent nocturnal emissions, gradually losing his virility; erections frequent but feeble and of short duration, so that ejaculation would take place at the beginning of copulation; and at stool he would have a loss of semen.

He had fallen into the merciless hands of worse than fiends who advertise to

restore lost manhood, etc., who had fleeced and left him in a most pitiable condition.

He sat in my office and made a clean breast of his trouble, telling me with tears that he had gone so far as to seriously contemplate suicide.

He was physically well-developed, intelligent, nervous and haggard in appearance, complained of dull pain in the sacral region, constipated, appetite variable, genitals well-developed, but lax and flabby.

An examination disclosed evidences of pin-worms. After my positive suggestion that I had discovered the cause of all his trouble, and that he could be relieved and would very speedily regain his virility and be able to enjoy his domestic relations I prescribed the following simple remedy:

Take a pint flask, put into it the whites of two eggs, shake thoroughly, removing cork frequently; add two ounces of oil of turpentine and again shake; fill up flask with warm water and direct that this be all used by the rectum, after anointing the anus with petrolatum. Direct the patient to retain this as long as he can, or for half an hour, then if it is not voided use enough sopsuds to insure its return. This will effectually destroy all of the present inhabitants of the rectum, which is the habitat of the little pests.

Repeat in one week, as the ova will develop a new generation; and this is all that will be required to thoroughly break up their housekeeping.

My patient came back and with his countenance beaming assured me he was once more a happy man; but declared that as a result of the first enema he discharged more pin-worms than would fill a large teacup.

This man has since been happy in the "bosom of his family," with speedy and full restoration of his virility.

Just how much "Suggestion" had to do with this case the deponent sayeth not; but that "Suggestion" is a most valuable adjunct in the treatment of many diseases,

is beyond question to my mind. That physician who can command the confidence of his patient is the one who will meet with success. The battle is ours nine times in ten when our patient is impressed with the fact that he will get well, or that he will be better tomorrow, or that his pain will all cease in an hour, or better, in fifteen minutes.

To illustrate: When in my senior year I was sent to see a woman with a severe headache. She had found nothing to help her but a full hypodermic of morphine. I found her in great distress with a neuralgic headache, having passed a sleepless and painful night. She assured me that Dr. I. had tried everything, but a hypodermic of morphine was the only thing that would banish her headache.

Not having the heart to experiment upon this poor woman, who surely was in great distress, I assumed a look of wisdom beyond my years and assured her that I thought that was just what she needed; and calling for water and a spoon I proceeded until I found I had no morphine. Thus far I had no intention other than to give her the morphine.

What should I do? I was a mile away from morphine and my patient in agony, tearing her hair and groaning. Something must be done.

I drew some water into my syringe and injected it into her arm, and very quickly but repeatedly assured her that her head would cease to ache in about fifteen minutes; and laying my hand on her head I told her she would go to sleep in ten or fifteen minutes and have a good long sleep; I would wait until she went to sleep, which she did inside the fifteen minutes. I left her quietly sleeping.

The next day she told me that she slept nearly all day and that night, and that she was all right; that she never got over one of her headaches so easily and well, it sometimes requiring several hypodermics to relieve her. This was my first revelation

of the value of suggestion. I have witnessed abundant proof of its usefulness since.

Now, Mr. Editor, I fear I have said very little to the purpose and you are welcome to consign this to the waste basket; but I have enjoyed so much at the hands of others that I felt selfish in not contributing my mite.

H. L. NEWELL, M. D.

Proctor, Vt.

—:O:—

Dr. Newell's paper does not treat of alkalometry, but it bears the stamp of truth and that is what we can never have too much of. It would be well to apply some antiseptic to the anal creases to destroy the eggs of the worms. Naphthol has been suggested. Suggestion is a valuable resource, but it is like luck—very good until you depend upon it, when it will fail you.—Ed.

#### BURNS.

*Editor Alkaloidal Clinic:*—A six year old boy was scalded from the scapula down the back to the knees. The shock was great, the bladder acting every few minutes with free urination. In two days the fever rose and lasted four weeks, with anorexia and wasting. The odor was that of gangrene.

For the shock he was given glonoin, brucine, quinine arseniate, whiskey and an opiate. He would not take food, so was given Nuclein (Aulde) and malt extract.

Locally I applied linseed oil, olive oil, glycerin and water, equal parts, with boric acid. This dressing was covered with rubber cloth and cotton batting. The blisters were pricked, washed with soap and water or boric solution and dressed every day. When the odor was very bad, Unguentine was applied every other day.

After five weeks, skin-grafting was tried, with success. He is now improving.

There is a wide difference among phy-

sicians as to how burns should be dressed, and how often. This boy always rested well after the burns had been washed.

A. S. COOK, M. D.

Monticello, Ky.

—:O:—

I am one of those who differ. I would not have opened or washed the blisters, but would have applied a permanent antiseptic dressing to exclude air. The presence of odor showed that your antiseptics was a failure. Your treatment of shock was good.—Ed.

#### WELL-INFECTED.

*Editor Alkaloidal Clinic* :—I have now received four numbers of the CLINIC, and to say that I am pleased is doing it mild. I have certainly got the Dosimetric badly, and medication from the drug-stores makes me worse day by day. My pocket-case is my best friend. All the alkaloidal granules and tablets I have used have given me entire satisfaction.

I have had better success with your medicines than ever I had before, in all my twenty-one years of practice.

DR. J. F. CAMPBELL.

Pine Mountain, Tenn.

—:O:—

It is becoming pandemic—Ed.

#### PUERPERAL HEMORRHAGES.

*Editor Alkaloidal Clinic* :—I was much interested in an article on Ante and Post Partum Hemorrhage in the March CLINIC, by Dr. Cecil, and, though I do not possess the "versatile talents" or the "imaginative instincts of an author" ascribed to the doctor, I wish to add my mite on the important subject of uterine hemorrhage, and to commend in particular the suggestion in this article that we always take time to attend to the mental condition of our patients. We must try, so far as possible, to get their confidence. I may add

that confidence is not engendered by any but the most gentle treatment, both in word and action. Have not all of us often witnessed the bright and cheerful look of hope in such cases in response to a cheery word of encouragement?

A nervous, melancholic patient said to her physician, after an expression of surprise on his part that his call had been somewhat protracted, "Doctor, your presence always does me good. I seldom get a token of appreciation or encouragement from my family."

The mother of a little patient exclaimed to the physician as he entered the room, "Doctor, I am so glad you have come. Mary is so anxious to see you and was afraid you would not come this morning." Mary was feeling much better that morning but she wanted to see the doctor nevertheless.

My young friends in medicine, above all, cultivate the sympathetic in your nature. Take time to "brush back the matted hair." Many of our patients need sympathy and encouragement more than they do drugs.

Dr. Cecil has never seen a case of placenta previa. I have on two occasions, and I warn the doctor to be prepared to meet his first case, which he will undoubtedly do sooner or later.

As to remedies in uterine hemorrhage, I have for years relied upon injections of vinegar, a remedy to be found in every household. I am convinced that this agent will more powerfully contract the uterus than any other remedy we possess. I rely upon it more particularly in post-partum hemorrhage. Use it freely, a quart or more as it may be needed. [Injected into the uterus.—Ed.]

The only time that I feel sure I ever directly saved a life was where I used a quart of vinegar to check hemorrhage in case of retained placenta in abortion. The recovery of this case also illustrates the wisdom of the admonition never to abandon



a case so long as there is any sign of life. When I entered the room I took in the situation at a glance, as the bed was soaked with blood, and the patient was moribund. Vinegar being the only astringent at hand—never had used it before—I employed it with the most gratifying results. It acted promptly as a stimulant as well as a hemostatic.

I don't know how about the "gas method," Doctor.

May I add a word in closing about strychnine arseniate? While I use it in a great variety of cases I would feel that I had not done my duty did I not give it freely in cases of failing compensation in dilated heart. Also in pneumonia I believe it to be the chief remedy to rely upon.

JOHN P. HEYEN, M. D.

Northport, N. Y.

#### VEGETARIANISM PUSHED TO ITS LEGITIMATE LIMITS.

*Editor Alkaloidal Clinic:*—I am interested very much in the articles on vegetarianism. I do not care to champion Dr. Monteiro, but prefer to follow other paths.



B. R. EVANS.

Dr. Moffit is "straining at the gnat and swallowing a camel."

The æsthetic attitude he has assumed respecting the animal kingdom, and the desire he has at heart to have all brute creation die of old age, seem a little far-fetched; but perhaps it is not, with his light on vegetarianism. He speaks of the dearthness of life, ties of affection, immortal souls, etc., etc.

Again, I do not believe that in our own circumscribed sphere we could dispense with our animal friends. Rope-harness with chain-tugs or a wooden saddle might be the order of the day and the height of fashion in and about Blue Mound, Ill.; but I believe if Dr. Moffit lives up to his

assumed principles and discards gloves, shoes and cases, and sallies forth with rope-harness, wooden or papier-mache cases, and gloves and boots to match, he can assume to be a vegetarian in the most comprehensive sense of the word, as he promulgates it.

May be, through the intermixing of our bovines with the moccasin (genus *Ancistrodon*) we might get a hybrid that would on the slightest provocation commit suicide; then and only then can Dr. Moffit practise his preaching and respect the lives held so dear to their possessors and with such reverence and sacredness by him, and be free to use the skins of beasts.

BYRON R. EVANS, M. D.

Little Hocking, Ohio.

#### PNEUMONIA.

*Editor Alkaloidal Clinic:*—Realizing the benefits I have received from the use of Pheno-bromate in acute lobar pneumonia, I give you a brief summary of three cases which represent my experience with this preparation through a series of fourteen cases, believing it will be of interest and help to your many readers.

Case I. Admitted with temperature 102.4°; pulse, 128; respiration, 36. Was given phenacetin, gr. x; quinine, gr. v, on admittance; two hours later, temperature, 101°, pulse and respiration the same as above; I saw the case four hours after admittance; temperature at this time 103.2°; pulse, 128; respiration, 38; complained of pain over entire left chest. Physical examination showed left lung completely consolidated, also lower right lobe.

I ordered Pheno-bromate, gr. x; whiskey, oz. 1-2, every three hours; six hours later I reduced the intervals to every two hours. In ten hours the temperature was 98.6°; pulse, 96; respiration, 24. Pain had entirely disappeared and the patient was able to enjoy a sound sleep.

The case was hopeless from the first, but I am satisfied that death was delayed some days, largely through the decided effects of Pheno-bromate; these effects being as follows: Reduction of temperature, relief from pain, rest to the patient, and support of the vital energy, in which the whiskey assisted. The inflammatory process evaded control, death finally occurring from the asphyxia caused by complete consolidation of both lungs.

In two other cases I brought the patient through on Pheno-bromate alone. In each case the consolidation was confined to one side only, but in each the pyrexia was higher than in case I; case II, being admitted with 103.6°; pulse, 113; respiration, 26; case III, 104.2°; pulse, 128; respiration, 30.

In the remaining eleven cases I varied in giving Pheno-bromate alone or in conjunction with whiskey; and with the exception of case I, all made good recoveries.

Pheno-bromate, as an antipyretic and analgesic, has won me through its safety in administration, its efficacy and reliability. In all cases where these effects are called for, Pheno-bromate cannot be too highly recommended.

CHAS. S. BENSON, M. D.,  
Almshouse Hospital, *House Physician.*  
Blackwell's Island, N. Y.

#### DIET AND LONG LIFE.

*Editor Alkaloidal Clinic*:—For October, 1897, the coroner in his report for Hamilton County, Ohio, gives twenty-five sudden deaths from heart-failure in persons of affluence and in apparent good health. In perusing the daily papers the reader is frequently reminded of the many sudden deaths in persons having apparently normal constitutions, occurring not in isolated places but in many localities, which indicates that the causative influence is widely disseminated.

A leader in American medicine and in

Washington practice, after enumerating the different remedies, attaches great importance to the correct diet in a class of cases known as heart-disease. He says: "I would strenuously insist upon the eating of as small an amount of the carbohydrates as is consistent with good health. Potatoes, rice and other farinaceous vegetables should be absolutely prohibited. Bread, especially that made from the finer grades of wheat flour, should be almost rigidly enjoined. I never allow more than two ounces of such bread daily, and this in the form of toast. I require the patient to weigh it accurately on a little letter balance, which is admirably adapted for the purpose. Buckwheat I find still more admissible; and of this as much as three or four ounces, in the form of griddle-cakes, may be taken daily. I allow green vegetables, such as cabbage, cauliflower, Brussels sprouts, celery, spinach, asparagus, lettuce, etc., *ad libitum*. Tomatoes, egg-plants, apples, cucumbers and a few others may also be permitted in reasonable amounts. As to fats and oils, the less taken of them the better. A little butter may be allowed, say, one-half ounce daily, but beyond this it is not advisable to go with the hydrocarbons. Animal food is best in the form of fish, oysters, crabs, lobsters, eggs, lean beef, mutton, fowls and game in moderation."

Finding the above food as a whole unsatisfactory in the class of diseases in question, and in looking for something better, I found in the ALKALOIDAL CLINIC for 1897, two articles on longevity or "How to live a Century." The author in question has shown how to attain the century mark; but unfortunately his remarks bear the stamp of a general character only, and do not enter into that detail which the importance of the subject demands. Had he in addition stated the probable amount of material for twenty-four hours which will prove of the greatest benefit to an individual of a certain height,

at the ambient temperature of about 60° F., he would then have been perfectly clear.

In a Berlin publication we find it charged that tuberculosis, scrofula, carcinoma, uric acid diathesis, rheumatism, plethora, anemia, corpulence, diabetes, heart, stomach, liver and kidney diseases, all of these, moreover enumerating other chronic diseases which are met with, are induced by an animal diet.

As will have been seen this author is adverse to animal food in heart and other diseases and considers nothing except a vegetable diet in health and disease, and considers four classes essential that must be represented in a rational, properly selected vegetable diet.

First class: To this belong the different fruits, raw and prepared, and nuts. The fatty oils derived from the olive, nuts and poppy-seed, etc., properly belong to this class.

Second class: The cereals.

Third class: The leguminous seeds.

Fourth class: Green vegetables, roots and such articles as cucumbers, water-melons, pumpkins, etc.

For a vegetable diet, fruit forms the foundation and is recommended at each meal. The cereals are rich in hydrocarbons. The legumes furnish the necessary albumen (indeed, the quantity of this material in the third class exceeds that of meats), salt and water. Should any of these classes fail in the vegetable diet, particularly in the temperate climate, we are assured that while in abundance we are starving.

From the foregoing we conclude that all foods except meat, including the hydrocarbons, are essential to the welfare of an individual. However, we read in the ALKALOIDAL CLINIC as before mentioned; "bread and meat, man's diet for ages, are, after sixty, the staff of death." Can we obtain the opinion of the readers of the ALKALOIDAL CLINIC?

A. W. RINGER, M. D.

Cincinnati, O.

## PASSIFLORA.

*Editor Alkaloidal Clinic:*—My first experience with passiflora was in typhoid fever, with extreme nervousness the predominating factor. The patient, a male, aged thirty, had been confined to bed for several days. I found him in such a nervous furor that at times it was necessary to restrain him by force.

It was absolutely necessary to bring the nervous system under control before any general treatment could be instituted; and in such cases superinduced by auto intoxication, morphine aggravates the symptom. The pulse indicated that chloral would be followed by cardiac paralysis, while sulfonal, trional, ammonol or any of their analogues, would certainly have devitalized the nerve structure to an irreparable extent.

Not having hyoscyamine handy I began giving passiflora, fifteen drops of the specific tincture every fifteen minutes. After the third dose the patient fell into a quiet and peaceful slumber, which lasted about three hours, and on awaking stated that "he felt rested." Passiflora was administered when indicated throughout the attack, with the most gratifying results.

I have since used this drug with great satisfaction in acute mania, delirium tremens, convulsions of children and many other nervous disorders. Often a mild narcotic is needed when morphine and chloral are contraindicated. Hyoscyamus does fairly well, but its effects on the eye and the dryness of the throat are undesirable. There is no stage of excitement prior to quietude under passiflora; but like hyoscyamus, comparatively small doses produce the desired effect in some patients while in others double or treble the amount is required. This is partly due to unreliable preparations, largely to idiosyncrasy.

This remedy will, when indicated, produce the desired effect without any tendency to habit, leaving a clouded intellect,

materially locking up the secretions, causing cardiac paralysis, or devitalizing the nervous system; as it seem to strengthen rather than weaken the nerves.

A pledget of cotton saturated with a good tincture of passiflora and packed into the cavity of a hollow tooth will arrest "toothache" oftener and quicker than many drugs used for the same purpose, which shows that it has some power as a local anesthetic; but to what extent it might be used in that respect I am unable to state.

This drug has not received the attention from the profession that it deserves, and its active principle should be sought, and if found should be placed in the front rank of the physician's armamentarium, where it certainly belongs.

DR. WM. MCCOY.

Salt Lake City, Utah.

—:O:—

If Dr. McCoy would substitute hyoscine for hyoscyamus he would get the effect he desires without the undesirable atropine action. I have given passiflora twice to morphine habitues and both claimed a benefit from it.—ED.

#### BUSINESS.

*Editor Alkaloidal Clinic:*—Allow me to make a few remarks for the readers of the invaluable CLINIC, in hopes that one of its many good writers may take up some point suggested. I like the Dosimetric treatment better every day, and think our colleges should require a course of study and give an examination on this line. This would start the new doctors out in proper shape and would spur up the old-timers, who say that the old way is good enough for them. While the old way may be good enough for them it is not good enough for their patients. If all of your subscribers were to demand this of some college and send their students to said college this could be accomplished.

I wish I could write a word that would

induce others to buy Shaller's priceless Guide. It is like a little steam tug; that is, "it is lots bigger than it looks." I have subscribed for Dr. Waugh's book and I advise all readers of the CLINIC to do likewise.

It would be a great thing if morphine granules had a striking and distinctive color, also the other more active granules. This would aid in preventing mistakes and help us when we accidentally pour out of the wrong bottle or lose a label. It would also make dispensing easier, as one bottle or dish could contain the various colors and directions could be given according to the color.

"A high ethical course" would mean, a course more just and fair to all parties interested, both the profession and the laity. He is either a poor or careless doctor, whether in the country or the city, who can not write a prescription, or else furnish the medicine himself equal to the ready-made articles—I mean here the proprietary article; for the granules and all medicine is ready-made. I do not include food preparations. Even if there were some advantage to patient or physician in using these proprietary articles, it is best for both that they be not prescribed, as they are the entering wedge to the patent medicines which are hurtful to the profession and more hurtful to the laity. So in considering our duty to the people and looking at this malignant growth from all points, we are forced to save the people from injury, to remove these advertised preparations, ready-made, and ready-labeled with dose, indications, etc., even if we destroy a little healthy tissue. If it were best to use them, surely the doctors are entitled to have their use in their own hands; and if they wish these preparations to have an ethical standing, like Dover's powder, they should be placed in the doctor's hands and should not be labeled and advertised with the dose, etc., for druggists and the people to use to the exclusion of the doctor after he has just prescribed them.

There are some poor people to whom the doctor also owes a duty, as much so as to his patients; these are his own and brother doctors' families. Now if we go on writing prescriptions for medicines in general, proprietary articles and patent medicines, and practise for people who can pay and will not, and fail to make use of the business side of our "high profession," we are then failing in our duty to that portion of the people who should be by law and nature the nearest to us. It has been said that "He who provideth not for his own household is worse than an infidel." So let us use the above means to provide for the doctors' wives and children, and not assume more for our duty than is our share. The doctor when he dies generally leaves a family in needy circumstances; few are rich. A lawyer with less professional ability does better. The minister either leaves a property or else his family is cared for by the church. This is not the case with the doctor's family.

The lawyer writes a paper for his client but does not arm or instruct said client how he and his friends can get along without legal advice in future. Not so the doctor; his imagined duty to the people is so good that he must write a prescription for the future use of the patient and his friends!

The minister is called to preach by the Lord; therefore he surely does not think too much of the business side of the question, and is certainly not wanting in a due amount of charity. But note the difference: The minister draws a certain salary and can take day-time for most of his charitable work. If he is not paid his salary, he goes to another call. "His high calling" and duty to the people do not prevent his acting in a judicious manner. The doctor's income is uncertain; he does not draw a salary, and often cannot visit his no-pay patients without taking valuable time from pay-patients, and by great exposure at night and in bad weather. I do not wish

to be understood as saying that the doctor should not do a proper amount of charity work and that he has not "a duty to his patients." I only wish to show that his lot is a hard one and that he owes a duty to himself and family.

I wish "a doctor's wife" would write an article on the duties of a doctor to his family and himself.

A SUBSCRIBER.

—:O:—

Our contributor has put some truths before us most admirably, and we would do well to heed them. In regard to proprietary medicines there are two sides to the question. If the doctor believes such a preparation to be the best thing for his case, he should use it by all means. But let him dispense in his own bottles, with his own label. Always teach the lesson that it is the doctor who helps the patient, not the medicine.

And every doctor should keep on his desk a list of the firms who advertise directly to the public, and never advise or order any of their goods. It is these people who keep the medical profession poor.  
—ED.

#### GANGRENE OF THE SCROTUM, PERINEUM AND POSTERIOR URETHRA. TREATMENT.

*Editor Alkaloidal Clinic.*—A grave case of above, involving complete destruction of the tissues, was treated recently with such rapid recovery that I am impelled thereby to give in brief a history of the case.

Was called to see Buck Warren, a colored man, age 36. He rode a mule eight or ten days without a saddle, in search of a stray horse. The continued pressure and arrest of the circulation set up a congestion, from which an inflammation followed, involving the perineum, scrotum and penis. Scrotum was swollen as large as an infant's head, penis more than twice its natural size, an abscess pointed near the anus, another on the scrotum near the base of penis,



with a gangrenous condition of the parts affected and complete destruction of the tissues. The testicles were pendant and exposed, the rectal muscles and posterior urethra in plain view. The patient had frequent rigors, with high fever as a result of pus poison, urine extravasated from the opening in the perineum and scrotum and but little from the meatus, and a train of symptoms was exhibited that suggested a prospect of approaching dissolution. The situation was indeed deplorable and I realized that much time and patience would be required in the treatment of his case *if the patient recovered at all.*

With the aid of my friend Dr. J. I. Gar-rad, a prominent surgeon of Macon, Georgia, we succeeded in introducing a small catheter in his bladder and continued to use same as occasion required, never allowing the urine to pass naturally. I packed the bottom of the cavity with gauze saturated with Antibrule after irrigating with carbolized water. After this, no other treatment was used except to spray the cavity twice daily with Antibrule. It soon assumed a healthy condition and granulated with astonishing rapidity; general condition of patient improved and at the end of two weeks I was able to draw the skin over the testicles and urethra, and with sutures closed the wound, which was near four inches long, with primary union and complete repair of the urethra.

With such extreme destruction of the parts, with the integrity of the tissues completely destroyed by the corrosive action of infiltrated pus long retained, I think the rapid recovery really wonderful. Patient was discharged cured in twenty-four days. Iodoform, bichloride, etc., had been used in this case without beneficial results.

I have been engaged in the general practice of medicine twenty-eight years, and while I have not made surgery a specialty, the common everyday accidents of life have given me considerable work in that line, and opportunities to study antiseptics in the

light which has been thrown upon this subject of late years. Since the doctrines of Lister and his disciples and the dissemination of a more thorough knowledge of the germ theory, various compounds have been introduced by reputable houses, some of which possess real merit. With these numerous products at hand, with the textbooks on *Materia Medica* and the late Dispensatory, with the world-wide reputation of iodoform, bichlorides, etc., I supposed that antiseptics had attained a high state of perfection and would meet most indications. Not until I began to use Antibrule did I realize that something better awaited us. To enumerate its uses, its indications, limitations and therapy, would require much space; but will say in brief that it is the ideal dressing in burns, wounds and inflammations generally, far superior to anything I have ever before used. Its power in compelling rapid granulation seems well-nigh irresistible.

J. A. KNIGHT, M. D.  
Eatonton, Ga.

#### AS THE LAITY SEE US.

*Editor Alkaloidal Clinic:*—I write this for the amusement of young doctors who, like myself, are being introduced to the superstitions of the ignorant, the searching criticism of "Granny yarbs," and the penury of citizens who feel an inborn right to take all that is possible from the doctor as charity.

He who starts in medicine finds himself entering a new world. Was it not David that said in his haste: "All men are liars"? The doctor in this age often will say so without much haste.

The confidence that people have in their knowledge of a subject of which they are the most ignorant, causes them to withhold a great deal from a physician.

The whole belly is "stomach" to the average layman. The laity think we use one medicine for stomach or rather belly-troubles, another for all female troubles,

another for "narves," and so on throughout a rude and rough classification of disease.

A woman perhaps uses a lead pencil where God didn't intend it to be used, has the desired abortion plus a fever, which has a "typhoid feeling." She expects the young doctor to treat typhoid fever, and withholds everything else as a secondary matter.

A young lady was at the point of death; she denied that there was any kidney complication with her disorder; but at last it became so pronounced that I overheard her mother say, "Let's tell the doctor the truth."

The conscientious young doctor who has remarkable success in curing his patients loses by it; for the ignorant will say: "It wasn't very bad, for the doctor cured it all right." If, on the other hand, we do not have success we have fame; we hear, then, the report: "That doctor gets the worst cases. He must be pretty good."

It's a mystery to most of the country laity why a doctor and a druggist cannot be one and the same individual. My patients, with but few exceptions, deem my charges the "price of medicine." The druggists are much to blame. They have too much liberty. True, when a patient doctors himself with medicine procured of his druggist, he will sooner or later come under our treatment. If our profession is going to be conducive to the most good to the people, the druggist that encourages the laity in ignorance is guilty of a crime.

No druggist should issue medicine to a layman without a doctor's prescription. In Iowa whiskey is issued under this restriction (when it is given out at all); but poisons worse than whiskey are, without prescription, sold over some druggists' counters every day.

Let us yield a little to the laity so as to make our bread and butter. In obstetrical cases let the granny use a binder on the mamma and burn a hole in a rag to put the baby's funis through.

We must not object to our patients' poulticing, but see that too much coal oil is not used. Oh, the laity love coal oil, externally, internally and eternally. Our medicines they deem valueless if not enhanced with a little coal oil "on the side."

Mush and milk poultices "draw the sore-ness out." Well, that's a consolation.

I have found that the Abbott alkaloidal granules take well with the laity; patients object to taking bulky medicine in the quantity required. They think they are being "poisoned;" but a little granule hourly pleases both doctor and patient. They don't think of "poison."

I've found it unwise to mention the names of medicines to my more ignorant patients. When asked, I answer in Latin. If we said we gave strychnine, visions of dead rats lying about would pass before the patient's eyes.

We are asked to give snap-shot diagnoses, and if we have not prepared a dictionary of vulgar terms for diseases, we are in a trap. For should we give a scientific term here it will go from lip to lip and come back to us in a short time changed. I've had "conjunctivitis" changed to tonsillitis and "ephemeral" once underwent various changes till it grew to be "cathedral."

WILL O. HAMILTON, M. D.

Cool, Iowa.

#### A CHAT WITH A SENIOR.

*Dear Dr. Abbott:*—I received yours of the 18th, and the "Little Book." Your book is brief and explicit, and will prove a helpful guide to any one using the little granules. All the knowledge I have of their use has been derived from Dr. Waugh's book, the *Medical World* and your CLINIC. It was not difficult for me to fall into the use of the alkaloidal granules; for I have been trying for forty years to find a better way of dispensing medicine, although I still make and use my own

tinctures. I have always dispensed when convenient. I never discard a good thing, no matter where it comes from, and during my long experience I have treasured up many found where least expected. I have many long-tried remedies of my own that I would be loth to give up for new and untried ones. I did not take readily to Nuclein (Aulde) and the animal extracts, they seemed too much like Chinese compounds; and antitoxin I have never used. Nuclein (Aulde) has given me satisfaction, but I have not seen it perform the wonders that some attribute to it. It works well when indicated, with other medicines. Sanguinarine, colchicine and hyoscyamine, give as marked results as any of the granules I use. I have tried many different manufactures of granules and find Abbott's as good as the best, the French not excepted.

I am too old now to do much regular practice, although I keep on hand from \$150 to \$300 worth of drugs during the year for my office practice. I have made bushels of pills in my life; but for the last twenty years I have never made any unless some compound of my own that I wanted fresh. I like tablets better for dispensing than granules; if you drop a granule on the table it is off like a wild locomotive and never stops until it is ditched in some crack.

When I was growing up we mixed Dover's powder and pounded roots and barks in iron mortars to make tinctures by maceration.

Long years ago I used to hear much of the remedies obtained from the wild Indians; and to satisfy myself, in 1857 I went among the tribes and lived and hunted with them for months. I soon found that they had few diseases, and no remedies except what they had acquired from the whites. Since then, anything I see claiming to have originated with the Indians I put down as humbug.

The CLINIC grows better as it gets older.

I like your idea of using the pictures of your writers. I like to study faces. Drs. Epstein, Waugh, Coleman and Brodnax and yourself seem like old acquaintances. I had them all down fine before I saw their photos. Wishing the CLINIC much success and hoping that you may attain your highest ambition,

I am yours fraternally,

DR. W. M. HIGHTOWER.

Grapevine, Ark.

—:O:—

*Tempora mutantur.* Dr. Hightower went among the Indians to ascertain for himself whether there was anything of real value to be learned from them. Nowadays we go to Berlin for the same purpose. He found little or nothing to add to his practical therapeutics. Do we?—Ed.

#### HOT AIR FOR CHRONIC RHEUMATIC ARTHRITIS.

*Editor Alkaloidal Clinic:*—I desire to report the success of the Betz Hot-Air Bath. For reference to this case see page 116, February CLINIC.

Six years ago she had her first attack of rheumatism, lasting one year, and although sixteen, had to learn to walk again.

This attack commenced five years ago in the left hip, then the left knee and ankles. She was very thin, excepting the swollen joints and feet, for about a year vomiting food. Nothing would remain in her stomach long enough to be digested. Her suffering was intense; her toes, ankles, knees, hips, vertebrae and all joints of the upper extremities became fixed, so that she could not feed herself or move in bed one inch to change position.

Her progress has been steady from the day I commenced, brought about by a wonderful amount of patience on her part and plenty of hard work and "keeping everlastingly at it" on my part.

The first hot-air bath was given Nov. 6, '97, when 225° caused much uneasiness.

I would work all her joints passively, and we soon had her right knee in fine shape. Nov. 19 the left knee cracked when forced extension was used, causing awful pain; but five to ten minutes in the heater removed all pain. The baths were given every one, two or three days, as the knee would permit, and used on the back on alternate days. By using two heavy bath towels much higher heat was used. Nov. 22 it reached 260°; Dec. 26, 270°; Jan. 18, 322.5°. These baths caused excessive perspiration over the whole body.

The sweating is less now but makes her awfully warm. From 230° to 260° will accomplish all the good higher heat will do. I continue from thirty to forty-five minutes, rub the leg thoroughly dry, apply a stimulating liniment, wrap a warm flannel about the limb, and place her on a lounge, well covered up, for a good rest of two hours. Sometimes she sleeps at this time. Her appetite is very good, digestion perfect and bowels regular.

The heat to the back has entirely relieved her of all the pain that has been there these years, especially severe at menstrual periods. Now there is none of this, and although she can turn over in bed at will, she sometimes sleeps so well that when morning comes she finds her position the same as when she went to sleep, something utterly impossible before using the Betz heater.

The left arm at shoulder and elbow is very nearly normal in all its motions, the wrist and fingers are somewhat fixed yet. The right arm, always very bad, permits about sixty per cent as much motion, but the wrist and fingers are quite rigid yet. She can stand almost erect now, and by placing her back against the wall can straighten up with her heels, nearly touching the mop-board; and very little pressure places her in a perfectly upright position, while a few weeks ago it was all I could do with both hands pushing against her shoulders to straighten her, and then only

for a moment, as the tension of the muscles of abdomen and thighs brought on unbearable pain, cramping her severely. This has almost entirely disappeared. She can dress, undress, get into bed and out of it unassisted, sweep the floor, wash the dishes or dry them without sitting down to rest. At first she had to have an elevated seat, then use two chairs to rise to her feet. Now she can, by placing her left hand on a chair, get up without any trouble.

I am giving most of my attention to her left knee, believing that if she can walk fairly well improvement of all the other joints will naturally follow from the increased use and muscular development. She says that sometimes when she gets to thinking how utterly helpless she used to be and the severe pain she had to endure compared with the present improved condition, it makes her so happy she has a good cry over it. She is a very bright and intelligent young woman, of fine family, and fully appreciates any benefit done her.

I trust that the history of the above case may be beneficial to others.

C. ALLIN SNYDER, M. D.

Farley, Iowa.

#### THE TREATMENT OF ENDOMETRITIS.

We may safely say that one of the chief aims of treatment in cases of endometritis is to employ measures which will contract the distended vessels in the mucous membrane of the uterus, to re-establish normal circulatory conditions, and thus favor the absorption of exudates in the tissues. These cases often come under the observation of the general practitioner at a time when a cure can be accomplished by efficient topical medication, without the necessity of resorting later to curetting or the application of caustic applications to the uterine mucosa. Formerly, medicated vaginal tampons were much employed for this purpose; but recently a more conven-

ient, agreeable and serviceable means has been presented to the profession, in the form of a wafer. Micajah's Medicated Uterine Wafers combine all the advantages of the medicated tampon with a number of special properties. They are much more readily applied than the tampon, so that part of the treatment can be intrusted to the patient; and their application is therefore to be preferred both on the score of cleanliness and convenience. Aside from these obvious advantages, however, they are composed of ingredients all of which exert an antiseptic, alterative and healing effect upon the inflamed uterine mucous membrane. Under their continued use the congestion gradually subsides, the engorged vessels assume their normal caliber, the mucous secretions disappear, and exudates are absorbed. But even in cases where the process is so far advanced that operative measures are called for, the Medicated Wafers will be found an extremely valuable adjunct in the treatment.

#### APPLICATIONS OF DRY HEAT.

*Editor Alkaloidal Clinic:*—A few months ago I became much interested in the new (dry hot air) treatment of rheumatic affections, especially the chronic attacking the extremities. I determined, on the strength of favorable reports, to give it a thorough trial. I procured the apparatus from Betz & Co., of Chicago, and while my experience with it is as yet rather limited, I have made sufficient observations to warrant their report for the CLINIC. I have treated a number of cases, but report a few only. I used the treatment in three cases of "muscular rheumatism," all of which were lumbago.

Case 1, that of a butter maker, was so severe that the patient was detained from work for two weeks. One treatment with dry hot air at 320° F., directed against the affected muscles, brought complete relief. The trouble did not return.

Case 2. Lumbago of long standing. He had one of "them bad spells," for which I used the same treatment as in case 1. The relief followed immediately and the patient refused to take any more, saying he would return when he got "another spell."

Case 3. Is still under treatment and doing well. By the continued treatment I expect not only to palliate but to completely cure this case.

Case 4. Ankylosis of both knees, in a female, following inflammatory rheumatism. The patient has received more benefit from the dry hot air treatment than from any other method, such as massage, electricity, etc. The joints can now be moved quite freely.

Case 5. Chronic sciatica, adult. Cured after four treatments with high temperatures, 380° F., each treatment lasting forty-five minutes.

Case 6. Excellent results were obtained from six treatments in neuralgia of the shoulder and arm. I also employed mild galvanism, however, with partial relief from the pain; but the patient did not enjoy complete relief until after the dry heat had been applied.

W. F. LEE, M. D.

Beatrice, Neb.

—:O:—

This simple but effective measure merits attention. The effects of the higher temperatures have not yet been sufficiently tested, because heat has usually been applied with moisture. We look for exceedingly interesting reports upon this method, as the Betz apparatus is rapidly coming into extensive use.—ED.

#### GUAIACOL EXTERNALLY.

*Editor Alkaloidal Clinic:*—Guaiacol, ten mimims, rubbed into the axilla or groin, will bring a temperature of 105° F. tumbling down to normal inside of twenty minutes after hours of cold sponging have failed to make the slightest reduction, and



the coal-tar products have produced nothing but cyanosis.

Its effect, however, with me, has always been as transient as it was prompt. Besides, it soon blisters and a new point of application has to be selected.

J. M. HOTSON, M. D.

Grandin, N. Dak.

#### THE PHYSICIAN HIS OWN COMPOUNDER.

*Editor Alkaloidal Clinic:*—May I be pardoned for expressing the belief that by being my own compounder I have accomplished many things impossible for me had someone less interested in my success been my compounder?

By the above you will see that I have abundant faith in medicines when properly applied. Yes, and I may add that my faith is constantly on the increase. The doctors never made a bigger mistake than when they relegated the business of compounding to some one not directly under their supervision.

And I am convinced that in place of increasing the knowledge of drug-action and medical therapy, the effect has been (generally) the opposite. How many times have medical men failed to find prescriptions properly filled, when they looked into this matter. It gives me pleasure to note the constantly increasing number of "self-dispensers;" and we ascribe much of the progress made of late in medicine directly to this cause. Physicians know what has been given and consequently they know what has produced the effect present, be it good or bad. One learns so much about the physical and chemical properties of drugs. Then there is the satisfaction of knowing just what and how much is given and how long it will last. If refilled you are the one who is asked to do it, when you can refill or change as indicated in your judgment. You have the whole business in your own hands; by filling at the drug-store one-half, and in my opinion

the most important half, is left to some one else. Profit is always in conflict with honesty, and the former is only too often victorious. It surprises me that prescription writing ever reached the magnitude it did; and how some can still defend it, is beyond my comprehension.

In conversation with a brother some time since I made the remark that I would give up the work sooner than let some one not directly under my supervision do my filling. Now I do it all myself and find it no great burden, as I keep a supply of different combinations on hand, and whenever I am unable to attend to this I shall hire some one competent to carry out my wishes. No, brothers, it does my heart good to step into my drug-room, after writing a prescription (I always do this and number and keep them on file) and fill or refill it myself. I keep the numbers with the case-record, and am thus enabled to tell at a glance just what the patient has had thus far. To be sure we must be prepared for this; it will take a small outlay for drugs, bottles, etc. Then one must have some kind of a room or closet; but that is nothing when compared with the satisfaction and pleasure derived there from. Try it, brothers.

BISMARCK LIESMAN, M. D.,

U. S. Pension Surgeon.

Kellogg, Iowa.

—:O:—

A cabinet containing a full stock of granules and dispensing requisites takes up very little room, and gives much satisfaction. Dr. Liesman's hint about writing and keeping the prescriptions should be minded.—Ed.

#### ECZEMA.

*Editor Alkaloidal Clinic:*—In a case of eczema of fifteen years' duration with nocturnal itching resisting many remedies, I applied Resinol twice daily, and also a mixture of an ounce each of boric acid and acetanilid in two ounces of glycerin, on antiseptic gauze. This relieved the

itching, and exhibited wonderful healing power. The treatment has worked wonders in this case, and after six weeks, the patient is well. Try it brethren, and report.

S. D. SOUR, M. D.

Princeton, Minn.

#### PELVIC ABSCESS.

*Editor Alkaloidal Clinic*:—See page 711, December CLINIC. It seems strange that neither my esteemed editor nor the learned scribe gave us the needed light. Where was this abscess that in its rupture its exit should be through the rectum and the vagina? Our editor in his objections does not say what he thinks was the trouble. "Reasons?" I had a similar case, with a high fever, excessive vomiting and she finally discharged pus through the rectum and the patient improved (this woman is married but sterile), but is not yet as stout as before tumor.

JNO. W. MORRIS, M. D.

Malden, Mo.

—:O:—

The editor takes pains to tell only the little he knows, avoiding the boundless ocean of his ignorance. Beyond the diagnosis of pelvic abscess I do not find in Dr. Toland's letter room for more than a conjecture as to the location of the pus. Whether it was a pyosalpinx, suppurative ovaritis, peri or para-metritis or pelvic cellulitis, or even a periproctitis, does not seem of much import, when we have not the chance to make physical investigations. But we know how to treat suppuration on general principles, surgically and medicinally; and I am not prepared to say that the calcium sulphide is best for ovarian suppuration and some other sulphide for cellulitis.—ED.

#### NOTES.

*Editor Alkaloidal Clinic*:—In using a dry-cell battery I had learned to estimate the skin-resistance and the number of cells necessary for the required amperage. But

the next time I used the battery, in precisely similar conditions, I obtained a different result, three cases suffering pain and redness, followed by a blister, from the cathode. A similar result followed shortly afterwards.

The body seems sometimes under electric stimulus to produce electro-motive force, painfully at times.

I have found Zomakyne a safe and efficient analgesic, antiperiodic, anti-rheumatic. Antiseptics I have never used.

For after-pains, viburnin, two granules every four hours, gives good results.

Two years ago a man came to me with the smallest penis and the largest foreskin I ever saw. I removed four inches of prepuce, and in a few months his penis had developed beyond the usual size.

Dr. Abbott's hand-book is convenient and valuable. The blank pages are useful.

W. M. HOLLADAY, B. A., M. D.

Hampden Sidney, Va.

—:O:—

This is a good letter to show men who ought to be circumcised but won't.—ED.

#### COLONIC FLUSHING.

*Editor Alkaloidal Clinic*:—By the way, a St. Louis doctor of pleasing address, one who has passed the mediocre stage in practice and erudition, "a friendly Indian" and a "chutmuck" lectures clinically for us in the February ALKALOIDAL CLINIC. Very interesting as well as characteristic of him. However, like many other doctors of repute, he is "very much off" as to the way to properly administer a "high-up" rectal injection. The doctor says: "A soft rubber, medium-sized male catheter should be used." Another doctor, writing in the February number of the *New York Medical Journal* (to mention names might seem invidious) says: "The tube of a fountain syringe is slowly wormed two feet into the bowel and the water allowed to run in, at the same time elevating the but-

tocks, thereby taking advantage of the force of gravity."

Now I have no objection to the position, but I do object to the idea, the *modus operandi*. The plan of introducing a soft tube or any kind of a tube to any considerable distance is no easy matter, as it is not ordinarily practicable if there is the slightest impaction of fecal matter; and, secondly, it is a useless procedure. A half-inch insertion of any kind of tube or tip through the anal orifice in young children or infants will suffice, and in older people any kind of a tube or tip simply held firmly in apposition to the anal orifice is all that is necessary. All tube irritation is positively eliminated by this procedure; from two to four quarts of water can be forced into the colon under ordinary conditions. There is no instrumentality smoother, more forceful, more insinuating than a stream of water, to get around, to soften, to loosen, burrow around fecal masses, filling up the interstices between the same and forcing outward alternate masses. Water can of course be pushed with considerable force without the danger attending other mechanical means, or can be pushed gently with telling effect. Water goes to the part where there is the least resistance, one section after another being brought down till the cecum is reached and emptied; the vermiform appendix likewise. Then a tumor can be seen and felt in the right iliac region. The disposition at times during the flushing process is to let go, but any one can ordinarily control the peristaltic action of the bowels and sphincter muscles to the end in view. This desire to let go lasts only a few moments till the obstruction is passed.

Of course if there is a nearly solid mass in the rectum and bowel to contend with, some time and patience are desirable in getting the stream past the same; but with the water hot and the stream large and strong, little trouble is experienced as compared with a tube or other utensil. The outlet

of the ordinary tube should be enlarged to three times the size.

The ordinary sitting posture on the closet seat is as good as any, gravity to the contrary notwithstanding. The rectal tube or tip may be bent at right angle to stem to favor this position.

JOHN J. HARRIS, M. D.  
St. Louis, Mo.

#### ELECTRICITY.

*Editor Alkaloidal Clinic:*—I would say to all members of the CLINIC family, make yourselves proficient in that most useful and effective branch of therapy, electricity. Large and elaborate handbooks are good, but begin by reading and experimenting after Dr. Walling. He knows what he is writing about. Had I had his advice in 1856 I would have saved many, many dollars and restless nights. No one ought to plunge recklessly into electricity any more than into alkalometry. Take Walling's plain but genuine talks on electricity, Abbott on alkalometry and Waugh's eloquent *therapia*. After you have comprehended the pocket instructor, put Waugh's on your desk.

Electricity has been my favorite for many years and I could tell you many cases of the benefits from that God-given power.

*Fratres et patres in scientiam, et Magister Epstein*, do not laugh if I dare to construe Gen. I., v. 3, in my own way: The Nevuah, breath of God, was hovering over the masses, and Elohim said: "Let there be electricity," and electricity was—that beautiful golden twilight we may observe before sunrise and the electric sparklings on a sultry night.

And v. 4: The Creator caused the positive pole, the sun, in the firmament; the masses of the earth being negative, caused the earth to revolve on her axis, from west to east; and so evening and morning were the first day.

Electricity is the creating medium for everything that is growing and developing.

It is light, is life, imparting life. Our digestive channel, by the numerous electric elements, causes peristalsis; the nuclei, white and gray masses, the nerve-system, form electric batteries.

After years of experimentation I have built a machine that comes up to the alkaloid, not the herb, the raw battery, but the refined, pleasing, heating power.

DR. BECKEL.

Sheboygan, Wis.

#### NERVE-PATHS.

*Editor Alkaloidal Clinic:*—The connection between the palatine and phrenic nerves must be through the sympathetic system, and the palate is supplied by the descending branches of Meckel's ganglion. This ganglion is connected with the sympathetic system through the carotid plexus.

The phrenic nerve, which arises chiefly from the sixth cervical, is joined near the chest by a filament from the sympathetic, and occasionally by one from the union of the *descendens hypoglossi* with the spinal nerves.

From the right phrenic nerve filaments go to the solar and hepatic plexuses, and suprarenal; from the left, filaments to the phrenic plexus of the sympathetic.

The pneumogastric and spinal accessory nerves are also connected with the sympathetic and cervical nerves.

The hypoglossal also connects with the sympathetic and first and second cervical nerves.

The *descendens hypoglossi* from the hypoglossal joins branches from the second and third cervical. Arnold says a filament goes into the chest to the cardiac and phrenic nerves.

J. H. McARTHUR, B. A., M. D.

E. Barre, Vt.

—:O:—

This is in answer to a query by Dr. Epstein, page 692, December CLINIC, 1897.  
—ED.

#### "DOUBLE AMNIOTIC SAC."

*Editor Alkaloidal Clinic:*—I have been a reader of the ALKALOIDAL CLINIC for the past two years and have found some very excellent advice in it, as well as some articles to which I took exception.

I have been a physician for eighteen years and have seen quite a number of cases like the one reported by Dr. Fair; but I never thought of making such a claim as his, because I took the double sac to be first the chorion and then the amnion, as I was taught when a student.

I have often found a great quantity of chorionic fluid between them, and this is likely to be passed weeks before confinement. I would think from experience that the doctor's case was one of that kind. Only three weeks ago I had a case where the chorion broke five days before confinement.

H. S. KIMMELL, M. D.

Summerset, Pa.

#### THERAPEUTIC NOTES.

Dr. C. E. Ide, of Buffalo, has removed to Chicago, to take the chair of Pathology and Bacteriology in the Illinois Medical College.

The amateur geologist finds in northern Michigan an exceeding interesting field. The noted Petoskey stones are bits of coral developed when a tropical sea covered this section.

Aristol is said to consist of a mixture of iodoform with boric acid and a deodorizer. Try this formula: Iodoform, forty parts; boric acid, fifty parts; finely pulverized coffee, ten parts.

Sparteine, it is claimed, does not by itself display the peculiar heart-tonic properties of scoparius. It would be a useful experiment for some one to try the infusion or fluid extract of broom on a case needing it, and then compare the effect of sparteine.

# **CONDENSED QUERIES ANSWERED**

The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

**Query 85.** An infant was born with blisters on each foot; the epidermis peeled off, leaving a red surface. The skin also scaled off from the palms, fingers and about the head. The cord was tightly tied, but bled profusely. It was re-tied, but hemorrhage recurred in a few hours and the child died eight hours after birth, turning a livid purple in spots and having a fine black rash over the face and elsewhere. Was it syphilis?

S. D. S., Minn.

The babe was syphilitic, as shown by the blisters, the hemorrhage, and the early death.—ED.

**Query 86.** **DOSAGE.**—I do not understand how you can give such frequent doses. I cannot think of disturbing the sleep of a very sick patient to give medicines every half hour.

W. F. B., Ark.

In all conditions a physician must decide for himself what is of the most importance to his patient. Every procedure of every character, in the broad sense, is a therapeutic agent; therefore give the proper dose of the remedy or expedient indicated. If it is sleep, then give sleep. If it is aconitine, give aconitine. If it is a good, old-fashioned dose of Dover's powder, all the same. Take with you this as your maxim: I will give my patients, to the best of my ability, the smallest possible quantity of the best obtainable means to produce the desired therapeutic result, and I will give it when and as indicated regardless of the teachings of any school or any sect.—ED.

**Query 87.** **BRYONIA.**—What is Bryonia chiefly used for? I cannot find any reliable information respecting its use.

E. J., N. M.

It is used chiefly for chronic rheumatism, synovitis, and pleurisy. It stimulates absorption of the products of chronic inflammation. Give one or two granules of

bryonin every two hours as long as needed and then less frequently, if you wish a continuance of the effect obtained.—ED.

**Query 88.** PLEASE advise me as to the dose of the W-A Intestinal Antiseptic for a four year old child?

E. A. P., Mich.

The usual rules for dosage apply here. The average adult dose is five or ten grains, that is, one or two tablets every two to six hours according to circumstances. To find the dose for a child of any age it is well to apply Young's rule, which is to divide the age of the child by the number resulting from adding the age of the child to twelve; e. g., to find the dose for a child four years old, divide 4 by 4 plus 12, or 16, and that equals one-fourth; therefore you would give one-fourth of the adult dose every one to six hours according to your judgment considering the severity of the case. This is always a good rule to follow. We should be pleased to know with what success our friends are using this preparation, and in what conditions it is found useful.—ED.

**Query 89.** WHAT can be done in the way of diet for fibroid tumors of the uterus? I have a case where operation is not indicated. I would like to reduce the growth by hygiene and diet.

H. M., D. C.

If anyone knows I wish he would tell us.—ED.

**Query 90.** CUTTER asserts that vinegar is a cause of tuberculosis, yet you advocate vinegar inhalations for its cough. If this acid is injurious by the stomach will it not be even worse when inhaled?

W. F. C., Ohio.

My good friend Cutter considers the tubercle bacillus the young of the vinegar fungus, but in this the bacteriologists are



at variance with him. If vinegar-producing organisms are indeed present in tuberculous blood it is probably because there is also intestinal decomposition present, and the acetic microbe is a secondary product, not a cause, of tuberculosis. The utility of vinegar fumigations rests upon well-attested clinical demonstrations.—ED.

*Query 91.* WHY not devote one number of the CLINIC to a review and selection of the best and most approved treatment of tuberculosis and phthisis pulmonalis, especially the remedies used hypodermically; serum, nuclein, best hypodermical instruments, details of treatment, frequency of injections, amount, indications, contraindications, danger, etc., remedies by inhalation, value of the cabinet treatment; everything in fact to make an up-to-date volume on the subject?

How many readers agree with me in wishing that the CLINIC staff would organize at once, a bacteriological laboratory and charge a stated fee for examination of specimens, blood, urine, sputum, etc?

Would it not be to the interest of CLINIC readers if Dr. Abbott would add to his stock a good, pure brand of *real* cod liver oil. (Our druggists could carry it in stock). See Dr. Waugh's remarks on cod liver oil as sold now, in Waugh's "Treatment."

Would not the CLINIC readers like the A. C. to put up ready for use W's recipe for euophen, aristol, fluid petrolatum for uterine cases, in ounce bottles?

When is the best time to administer nuclein, before, during or after meals, and should it be given alone, separately from other medicines?

If a six year old child takes seven granules in twenty-four hours could this same rule be a guide in tonic doses, for various ages, given less often; *i. e.* could the amount be given in three doses, one after each meal—for the twenty-four hours—of strychnine, etc?

Is a microscope a certain guide in diagnosing typhoid fever and malaria by examination of blood? What is general weight of medical opinion?

H., N. C.

The importance of the subject warrants it, but just see how many important subjects are treated in this CLINIC, and tell us how we could leave them all out. The only way we could issue the special numbers would be by making extras of them.

The CLINIC laboratory is now in active operation. It does not take us long to do a thing if it is needed. There are good brands of cod liver oil to be had now. The mixture of euophen, etc., can easily be made *extempore*.

Nuclein should be given in small and frequent doses, on the tongue, nothing being taken into the mouth for half an hour

afterwards that the nuclein may be absorbed from the mouth. Nuclein is best given alone until experiment has determined its reactions. You cannot apply the dosimetric dosage to the three-dose-a-day system; because the essence of the dosimetric medication is the small dose, rapidly repeated till effect. You seem to think all the twenty-four doses are to be used in a day, which is incorrect. Only five or six may be required, or the prescription may have to be repeated, and forty-eight doses given in a day. For use before meals the ordinary doses should be employed.

The microscope is the *only* certain guide in the diagnosis of typhoid fever, malaria, tuberculosis, etc.—ED.

*Query 92.* SCIATICA, of some weeks' duration. How shall I treat it?

W., Kas.

Apply a small blister over the sacro-sciatic notch. Give rhus tox., and keep the bowels empty and clean. Stretch the nerve by forcibly flexing the thigh, the leg being extended.—ED.

*Query 93.*—ASTHMA.—Woman, 36, menses at 15, always anemic; otherwise well.

J. N. L., Texas.

Give iron arseniate for the anemia, gr. 1-67, every hour while awake, with a granule of Nuclein (Aulde) at each dose. Also give strychnine arseniate, gr. 1-134, every hour until you get physiological effects. If not, increase the dose until you do. Keep her on good food and enrich her blood with Bovinine, a tablespoonful between meals and at bedtime, in a cup of Imperial Granum.

There may be some local lesion, such as thyroid or thymic enlargement, aortic disease, or deformity; a careful examination of the thorax is in order. And you might look for reflex irritability in the eyes, nose, ears, throat, rectum and genito-urinary apparatus.—ED.

*Query 94.* Boy, aged 3, constipated, anemic, poor appetite, fond of sweets, very liable to colds, bronchitis every winter.

J. J. H., Wis.

Give a compound rhubarb tablet before each meal, and half a teaspoonful of beef, wine and iron also. If his bowels are still confined, give a little Maltine with cascara, or an Anticonstipation granule or two, after each meal. Satisfy his love of sweets with dates, figs, seedless raisins, cooked fruit and home-made molasses candy; for there is always a meaning in these cravings. As soon as he is better, change to the phosphate of iron, a granule before and after each meal, for a month.—Ed.

*Query 95.* I am 68 years old, subject to hereditary gout, but four years ago I quit eating meat to a great extent, having fewer and much less severe attacks; and for a year past I have enjoyed very good health, feeling well, sleeping well, with a fine appetite. This continued until I was taken down with jaundice. I write to ask your advice.

W. A. W., So. Dak.

Remain in bed, on milk diet, ingesting pure olive oil, an ounce three times a day. Take a drachm and a half of sodium phosphate three times a day, in half a pint of water. Get your bowels well open by Saline Laxative, one drachm every three hours in half a glass of water. Since your attacks occur periodically, take Nuclein (Aulde), two tablets, and quinine arseniate, gr. 1-67, every three hours. Have your skin bathed frequently with warm water to keep it clean and active. If any symptoms of hepatic colic from the passage of gallstones should occur, get where there is a good surgeon for operation, should such be indicated. Considering the irritation of the kidneys, evidenced by the findings of the examination of your urine, the rest in bed and milk diet are highly important. The itching of the skin is best relieved by pilocarpine.—Ed.

*Query 96.* A German about 40, several years ago had rheumatism in his left hip, recurring repeatedly with greater severity. He complained of pain in his right hip and foot, with painful muscles, especially in the calf of the leg, worse at night. Sometimes he has fibrillary twitching, and sometimes subjective

feeling of cold. The affected limb is much smaller than its fellow; tenderness in the sacro-sciatic notch, the femoral crease, along the sciatic nerve to the popliteal space, and between the extensor proprius pollicis and the extensor longus digitorum, as they pass under the annular ligament. I find no trouble with the rectum in the bowels or about the hip. Urinalysis shows phosphates, which disappear after taking hydrochloric acid.

At present increased nutrition is shown by the increased size of the leg, but there is no amelioration of the symptoms and I have had him nearly a year under treatment. Once during this time he had an attack of diarrhea that lasted a day, and during this time he was entirely free from pain. At times the pain lessens, to again return with the same vigor. Lately he informs me that the limb is weaker.

H. H. C., South Dakota.

It looks to me like a neuritis or peri-neuritis. Clear out the bowels with brisk cathartics, keep them regular by Waugh's Anti-constipation granules, and give six or more W-A Intestinal Antiseptics daily. Apply a small blister over the sacro-sciatic notch. Have the leg rubbed daily with hot oil, working it in well along the sciatic nerve. Give zinc phosphide, gr. 1-6, three times a day for a week, then follow with sodium iodide, gr. x, three times a day, for a month. Then report.—Ed.

*Query 97.*—MALE, aged twenty, in good health until three weeks ago, when he was taken with pain in his stomach and vomiting. Since that he is troubled with terrific eructations of gas or "belching," when the stomach is empty. Eating gives relief for a time. The bowels are a little constipated, but he has a daily movement. I would like to have your opinion as to diagnosis and treatment.

T. C. B., Ohio.

Sudden pain in the epigastrium, with eructations of gas, with or without vomiting, make us think of appendicitis, especially in a young male who has been perfectly healthy, up to that time. (It should be generally known that the pain accompanying appendicitis is frequently felt in the epigastrium, even in the back). Don't wait to make a diagnosis, but go to work to thoroughly empty his whole intestinal tract. Administer calomel, in small doses frequently repeated, until there are signs of the bowels moving, and then give a good-sized dose of Abbott's Saline Laxative. Repeat this daily.

Insert your finger into the man's rectum

and see if there is any swelling in the region of the appendix.

The trouble may be confined to the stomach, or stomach and duodenum, or it may be colitis, localized in the transverse colon. Or your case may be one of gastric grippe.

For acute gastritis or gastro-duodenitis, the best is a good rest with Glycozone, copper arsenite, and daily flushing with Saline Laxative. The idea that the stomach is benefited by food is a delusion. Thorough emptying of the bowels will give great relief here and is very important. The daily movement does not necessarily mean that he is not very much constipated.

For colitis the treatment will be about the same, with daily flushing of the colon and the Intestinal Antiseptic added.

For the pain in the epigastrium the best sedative is cold in the form of an ice-bag. When you are first called if the pain is excruciating a hypodermic of morphine is in place.

In gastric grippe complete rest of the stomach for twenty-four hours, followed by teaspoonful doses from a glass of milk containing 20 grains of bicarbonate of sodium and five grains of cerium oxalate, and hypodermics of morphine, coupled with the best sustaining treatment you can supply are in order. Get the patient back on nourishing food as soon as possible.

You still have a diagnosis to make, but thorough emptying of the bowels and continued administration of calomel and Saline Laxative will help you in this a good deal.

By a process of exclusion you will be able to put your finger on the exact condition present.—Ed.

*Query 98.* MRS. B., MARRIED eight years, five children, constipated, thin, chronic anemic. Has had "canker sores" in mouth ever since she nursed her first child. The sores are small, pale ulcers, present on mucous membrane of mouth, fauces, and sometimes on tongue. They look pale, and as if only the epithelium were gone. Heal after a little and more come out in another place. Sometimes they

bleed. She has had all sorts of mouth-washes; has had them touched with silver nitrate. A weak mouth-wash of chromic acid seems to keep them down some while using it, but they return when it is discontinued. I propose to open the bowels twice daily and give arsenic in ascending doses for a long period. What treatment do you think best?

D. C., Canada.

Correct the digestion, regulate the bowels, have the dentist see that the teeth are in order; forbid ice, ice-cream and the chewing of tooth-picks or any wood fiber. Let her use a W-A Intestinal Antiseptic tablet as a lozenge, sucking it till dissolved, six times a day. Give Nuclein (Aulde) and calcium hypophosphite to increase the toughness of her tissues and their vitality. Also give strychnine arseniate to saturation, as you suggest.—Ed.

*Query 99.* MINISTER, aged thirty, has suffered from overwork and now from incontinence of urine. Examination of urine shows no sugar or albumen.

N. W. C., Ohio.

Let him take a good rest, out of doors. If the urine is pale and abundant, give him nitric acid, gtt. x, thrice daily, before meals; if dense and acid, give water and lithium benzoate, gr. 1-6 every hour; if neither, give strychnine arseniate, gr. 1-134, every two hours, with half a drop of tincture of cantharides.—Ed.

*Query 100.* WHAT American climates are best for rheumatism with strong tendency toward the heart, where the patient could earn his living?

A. B. C.

Southern California has the best reputation for rheumatism, and a living can be easily made there by any one who can care for a few acres of fruit. Our readers may know of other suitable localities.—Ed.

*Query 101.* WHAT effect has complete castration upon the character and mental condition of a man in early middle life? Would it afford complete relief from the nervous effects of excessive nocturnal emissions? Could the operation be performed under Schleich's infiltration anesthesia?

A. B. C.

It is hardly to be doubted that when the patient realizes that his manhood has been irretrievably sacrificed for an affection that

could have been easily cured, melancholy of a homicidal or suicidal character would be developed. I could not believe that any sane man could be benefited by such mutilation for such a cause. The operation could be done under infiltration anesthesia.—Ed.

*Query 102.* TRAUMATIC NEUROPSYCHOSIS.—J. P., aged twenty-six, farmer, had been exceptionally healthy. I found him in bed, looking well, pulse and temperature normal, tenderness in the occipital region and also in the right hypogastrium, the latter from constipation. The left kidney was tender, but the urine normal. Appetite is good, weight 180 as usual. Nine months ago he attempted to move a very heavy log, felt something give way and fell. After a month's rest he began work again and endured the labor and hardship necessary for the raising of a crop. One day he suddenly fell to the ground, and the same thing occurred that evening. He had to be carried home. This state of things continues to the present time. The man is conscious of the approach of these spells, but loses consciousness while they are on, recovering the same slowly. There is no frothing at the mouth, no convulsions, nor any contraction of the muscles; but his body is limp, his pulse very feeble, which becomes greatly accelerated for a few moments on recovery and then regains its normal tone. These attacks occur one to five times in twenty-four hours. For treatment, Saline Laxative was administered with a view to relieving the overloading of the colon. This was followed by the Anti-constipation granules and Saline Laxative as necessary. Believing the chief trouble to be nervous in origin, I put the man on strychnine, every six hours, carried to its physiological effect, when this was obtained returning to the original prescription and gradually increasing the dose again. For the kidneys lithium benzoate and digitalin were administered, which soon removed all trouble from that quarter. J. M. E., Ky.

Your case is one of traumatic neuropsychosis. You have done well in considering that the whole matter was of a nervous character. These cases belong to a peculiar and a very interesting class, concerning which there has been for the last thirty years considerable discussion. They present some symptoms like those of hysteria, some resembling neurasthenia and others which might belong under other categories. Death very seldom follows, but recovery is very slow. The whole nervous system, including the sympathetic, is very much upset. For treatment change of scene, isolation, nerve tonics, hydrotherapy, massage, electricity, and hypnotism are in order. Such cases as these are best treated in

sanatoria. In fact, it is almost impossible to treat them at home and bring about recovery. There is nothing specific about the treatment. You must use your own judgment. In prescribing nerve tonics do not forget glycerophosphate of calcium, grains three to five, three times a day; keeping the bowels empty and clean. Static electricity sometimes effects a cure. But there must be a powerful effect produced upon the nervous system to secure success.—Ed.

*Query 103.*—AN Abused Woman.—Mrs. —, aged 26, married nine years, three children living and one dead, had mastitis at first confinement. Suppuration occurred, and she has never nursed this breast since. It became inflamed every winter till the last two, at which times her chin suppurated, since this the chin becomes inflamed whenever she takes cold. Last Christmas I aborted an attack by means of belladonna.

She is anemic, weak and rheumatic, but her greatest trouble is in the genitalia. As a girl she only menstruated once in three months, and has never been regular. After the first child was born she had two miscarriages. At the second the placenta remained for four days, and she has had prolapsus since. When pregnant she is continually threatened with abortion, and vomits a great deal. She is still nursing her youngest, seventeen months old, and menstruates every third month.

She improved on tonics. I am about to put her on Nuclein. B. W. S., Maryland.

Six pregnancies in nine years; one every eighteen months, and nursing for seventeen months, with prolapsus uteri, anemia and rheumatism! If she only nursed her babies an average of nine months, she has been carrying a babe, or nursing one, or both, for nine years. If she only menstruates once in three months, it shows how nature is trying to save her a loss she cannot spare.

Get the uterus in its place and keep it there, reducing the subinvolution by glycerin tampons, wean the baby at once and send the husband to the Klondike for a year or two, while you are rebuilding her body with iron, quinine and strychnine arseniates, a granule of each every two hours; cod liver oil in some palatable form, such as Hagee's elegant cordial; good food, but above all REST, in big caps! I only wish I could put that woman in a sanatorium for one year, where she would not

have to move hand or foot unless she pleased.—Ed.

*Query 104.*—On page 122 of the February CLINIC of 1898, I find these words: "But, Doctor, you must not let your cases be taken out of your hands that way." I have had cases taken out of my hands under very similar circumstances and I did not see how I could help it. Neither can I see how Dr. Jameson could have held his patient longer without making an effort which would be unbecoming to a physician, but perhaps you can. Please tell me how to keep a patient under these circumstances. To know how and to be able to do it means success and money, therefore I would like to know how. I am a reader of the CLINIC and regard it as the best medical journal I have seen.—J. M. H., Cal.

This question is so important that I am pleased to have it brought up. It is not sufficient for a doctor to know how to treat his case. He must hold his patient for the latter's good. Dr. Jameson should have gone straight to the man and said to him: "Mr. Jones, I have made a thorough study of your case and know exactly what ails you, and just what treatment will give you the best chance of recovery. The work I have done for you is by no means represented by the visits I have made. I cannot allow you to break off in the very midst of the affair, rendering my work fruitless, and go off to a new doctor who will have to begin all over again, thus wasting time you can't afford to lose. Under ordinary circumstances if a patient don't like me or my ways, he is perfectly at liberty to go where he pleases; but in this case you would injure my reputation as a doctor and so seriously imperil your chances of recovery that for your own sake I must not allow it. If you believe the other doctor can help us, send for him to consult with me; and he can have the benefit of my study of your case, which will make his opinion more valuable. But I cannot see an old patient and valued friend risk his life by making a change of doctors at such a critical time."

On one occasion I locked a patient up in her room and refused to allow her friends to remove her, even when threatened with the law. They referred the matter to the family magistrate, who

shrewdly remarked: "Professor Waugh knows very well he has no legal right to hold her and he would not dare to take such a step unless he felt it to be absolutely necessary for her good; so you had better let her alone." The patient recovered and I never had more devoted adherents than the people who had tried to remove her from my care.

I don't believe in the sort of modesty that permits every blatant quack to steal your patients with impunity. Duty compels one to interpose his veto in such cases. Am I not right?—Ed.

*Query 105.* I SUFFER from chronic constipation, am thirty-one years of age, never been regular, always needing medicine for atony of the muscular walls. I am of good constitution otherwise, though of sedentary habits; have excellent lungs, and good muscles.

I can scarcely bring myself to believe that my disinclination for exercise is natural; on the contrary I lay it to my constipation. I wish to take an active part in life but a dead weight drags me down.

I have no appetite, and only eat from a sense of duty. I do not eat pastry but meats, bread, eggs, milk and drink coffee. I have tried oatmeal and vegetables containing a large amount of waste, with no benefit. I have no pain after eating, still a certain uncomfortable feeling, no eructations, nor bad breath but acidity not due to fermentation. Bicarbonate of sodium relieves the stomach, followed by eructations, tongue constantly coated yellowish brown, mouth seldom free from small canker sores. Neither podophyllin nor calomel relieve. My mental life is clouded, dull and melancholy. In fact I feel like a man of naturally bright, energetic tendencies, struggling under a heavy weight, which he cannot lift. If you can lift this weight from me you will have my gratitude for life.  
J. T., R. I.

You have given one of the most vivid and accurate descriptions of auto-toxemia I have ever read. Your bowels are loaded with scybala and your blood with the reabsorbed products of intestinal decomposition. Clear the alimentary canal by a few good doses of castor oil or Eclectic Hepatics, keep the bowels clear by the Anticonstipation granules, and take seven W-A Intestinal Antiseptics daily. Do not eat unless you are hungry. Eat a variety, but unless you resume active exercise, avoid any large proportion of albuminous food. You may need stretching of the anal sphincter. And in one month write and tell us how you got well.—Ed.